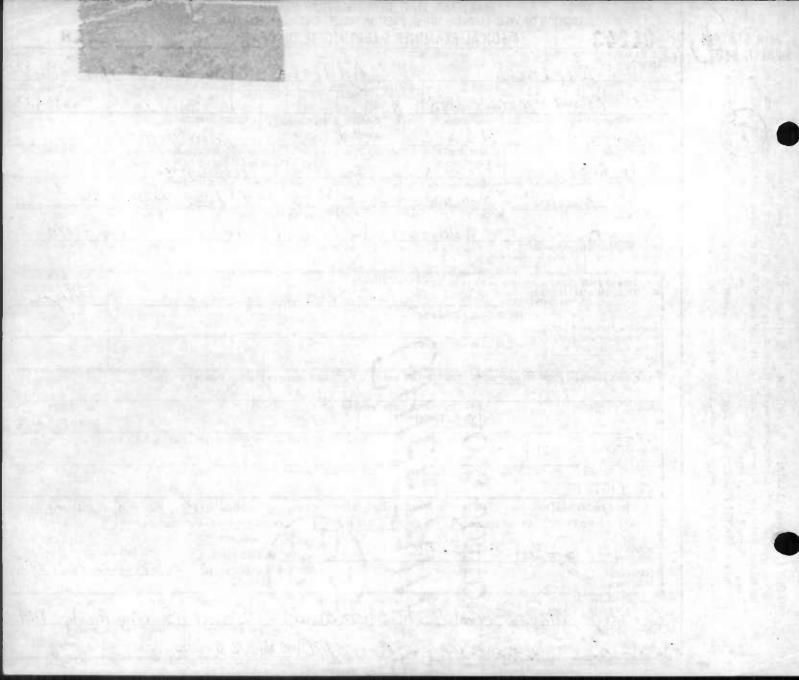
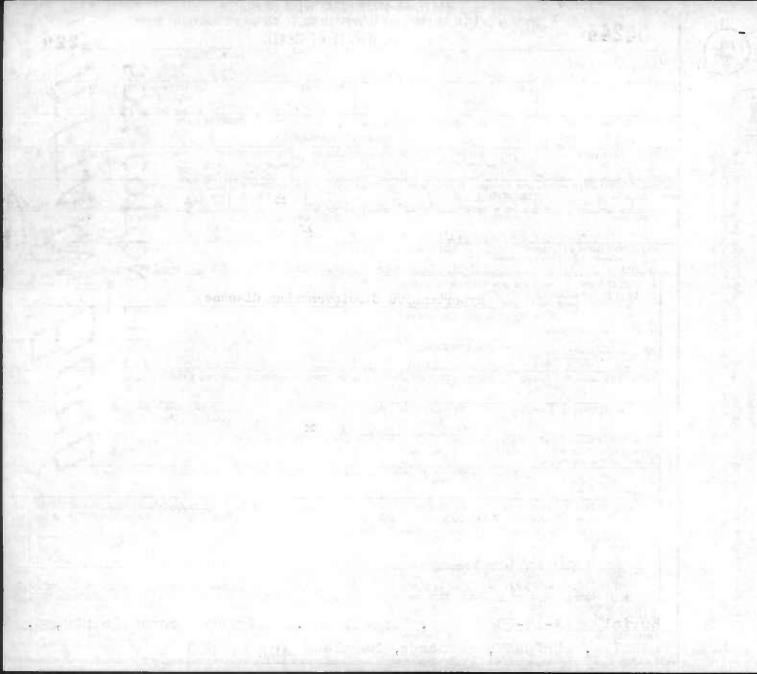
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First -Middle 20. DATE KNOWN Year 2b. HOUR (Type or Print) EST1-OF. delay is and 3 ta Page 40 50 DEATH MATED X ment 3. SEX 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR A3. & OYRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH EL Give Pages 1 WIDOWED DIVORCED [after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done Mb. KIND OF BUSINESS OR Office along with during most of working life, even if retired.) land 2 with the ouse. We 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Ol Norwood. Pr. Item 18. hours after 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Rachel should be farwarded to the Chief Medical Examiner's haurs pages 17 INFORMANT pencil ADDRESS This certificate should be executed within (Yes, no, or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit permit. PART I. DEATH WAS CAUSED BY "pending" DRUITTODI IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [NO X 20 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A M ICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK the funeral director. Page burial. for 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🖂 Inquiry X and in my apinian Natural causes Accident . death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION: (City or Town) (County) (State) 2So. REC'D BY REGISTRAR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR (Type or print) 4. RACE 3. SEX 6. AGE (In years' IF UNDER 1 YEAR OAYS lost birthgoy) MONTHS physician and completely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED papers. WIDOWED KT DIVORCED [requires that the death certificate be executed within 24 event, within NAME OP HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) remave carban 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🔀 and in any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME EL1216ETH Albertson 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) remayal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Hypertensive Hypertensive Cardiovascular disease IMMEDIATE CAUSE (o) cremation. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES SE NO [far use Health O FUNERAL DIRECTOR: After this certificate the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work , 1948, to 14mpl 1968, that (1) be retained shauld gauses stated bove! (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 780/ NORFOLK AVE BETHESOM MO NAME (Type) director, shauld 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3-18-68 Ft. Lincoln Cem. Prince George County.Md 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 30M REV. 1/68



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U	46	20	1	1)

CERTIFICATE OF DEATH

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	V \$ & i) (1
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE b. COUNTY
MCNTGGM & REY MARYLAND	o. STATE MD. b. COUNTY Most tive
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
write RURAL and give nearest Sown)	HYATTSVIlle
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SYLVAN MANOR NORSING Home.	6512 Purens CHAPGERS. YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) PAULINE ALE	TANDER OF MARCH 10 1968
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
WIDOWED DIVORCED	Jep1/7/9 00 yrs.
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1+005EW11-K	Tuna Juna
13. FATHER'S NAME")	14. MOTHER MAIDEN NAME
arakam Achivertz.	Coche Pischer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT ALL Address (i) II all that
(4)	other Wilmen CSP Queens Chifel to mile
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIAC	ARREST LOMIN.
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rise to immediate couse (a)	INSUFKICIENCY
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FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
E 7.11.2	YES NO 📈
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (IF ETITIED MOTIFEY MEDICAL EVALUATION OF THE PROPERTY OF T	. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) . (Stote)
p.m. of work in of work	
21. I certify that (I) (this hespital) attended the deceased fram_	at death accurred at 1215, M, fram causes and an the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22 PHYSICIAN'S	1.D. PHYS. DIRECTOR PHYS. 13-10-68
NAME (Type) SAMUELA . HILLMAN	8829-1-LOWER AVE. S.S. Mil
230 BURIAL FREMATION, 23b DATE THEREOF 230 NAME OF CEMETERY OF	CREMATORY 234 LOCATION (City or Town) - (County) (Stote)
REMOVAL (Specify)	of Where Com Capital thight hil
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Duned Do on the Jan , 2501 14th STAIN WE	ich. D. C DATE MAR 1 4 1968 yourses yourse
TOWNS TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	T T T

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tyneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/88

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1 7	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	1)	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04231
HEALTH DEPT.		ECEASED-NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b. HOUR
is de de af	(Type or Print) David Sarrell and Leson DEATH MATED MAY	9 1881081
delay is and 3 ta 3. Page ment af	3. SI		2d. HOUR
	7	nale W 1/27/68 185 DITTO WAR HOURS MIR. MOB - 904-	1968 VOP N
as 1, 2, and form PM3. P	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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50 ± 0	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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s after 18. Giv along 2 with death.		USÚAL ŘESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER dmission) STATE 13b. COUNTY 13c. COU	Puel.
N = 0	14 F	ATHER'S NAME First Middle Lost MOTHER'S MAIDEN NAME First Middle	Last
	14. 1	New 111. G. Andrew	Illune +
hin 24 ncil in niner's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT MRS. D.G., MN DER SOMODRESS	wysyn
within pencil xamine ile pag 72 hau		(es, no, or unknown) (If yes give war or dates of service) Mathew Same as	ahous
- 10 E		18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and(c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in Medical Experience of permit. Figure 1. Figu		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clinto Deffeces Delateral	DETWEEN ONSET AND DENTI
e execut pending ef Medicc sit permi		480 X DUE TO, OR AS AZONSEQUENCE OF ULLA	
be exemined me ansit per event		Conditions, if any, which gave rise to immediate cause (a), (b) Incumonilis of Analab	Re
ward ward the Ch rial-tra		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
i s		lost. (c) firal Eliology	
W T - D		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
e, writing the farwarded to used as a emaval, and	NO	19 DATE OF OPPATION	loo suroccuo
. 0 7 =	IE	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
T pe e at	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
# 9 9	3	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	110.7
INE share share share files 3 share nation	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
EXAMINER: ute the cert ige 4 shaul yaur files. Page 3 shou , crematian,		WHILE NOT WHILE foctory, office building, etc.)	
3 5 5 ~ ~ ·	15	220. I certify that I took charge of the remains described above held on Autopsy XI, Inspection XI, Inquiry	ond in my opinion
tar. Pered for CTOR:		death resulted from: Notural couses N. Accident N. Suicide N. Homicide N. Undetermined monner	
olease edirectar		CHIEF MEDICAL EXAMINER	
- ao		ACTUAL SIGNATURE SIGNATURE 22b. DATE:	SIGNED
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necessary, the funera 5 may be 10 FUNERAL Health pri		NAME (Type) / ELDEN / TOTAL STATE (Street Street St	1,1160
01 = + ~ 01 ±	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETER OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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VR A15ME (5)	J	oseph dawler's Sons, winc.	
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Item	6 Film G2	00 1, 10/68	MAKTLANI	D STATE DE	PARTMENT OF	HEALIH			
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10. CITY O	R TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If not in	hospitol 120. U	SUAL OCCUPATION	N (Kind of work	done 12b. KIND	OF BUSINESS OR
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stoti			/7	/-	n-T		40.00		20
	3 3 / X	(c)_		1 40 40				19	70
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190.				RFORMED	2Do. AUTOPSY?			INGS CONSIDERED II	CERTIFYING
IFIC					YES NO	CAUS	SES OF DEATH?		
				21c. HOW I	NJURY OCCURRED (E	nter noture of in	jury in Port 1 or F	Port 2, Item 1B.)	
Old (If e	ther, notify medical ex	xominer) P.	M. 19						
	INJURY OCCURRED	21e. PLACE OF INJUR	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATI	ON Street or R.F.D.	No. Ci	ty or Town	County	Stote
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1 001		bove, (I) (we) (di	d/(did not) view the l	body ofter deor	th.			DATE CLONED	
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	NAME (Type)	11,15e	MACKI	MD	4115	Colle	DK.	Whea	Ton me
230 RUP	AL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CRE	MATORY				(Stote)
DEM	WAL (Concile)	1 -							
	AL, CREMATION, DVAL (Specify) R A L RAL, DIRECTOR	3/26/68	ADDRESS		A () == ===	DONA D BY REGISTRAR	LSONVI	LE, GA STRAR'S SIGNATURE	•
	70. BIRTHP country) 10. CITY OF STAVE 130. USUAI odmission) 14. FATHER 160. WAS Yes, no, 18. Cond rise the stotic lost. PART 190. E 210. While of wo 220.	DECEASED-NAME (Type or print) 3. SEX 70. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 130. USUAL RESIDENCE (Where dodmission). STATE 14. FATHER'S NAME 18. CAUSE OF DEATH (Entremediate couse stoting the underlying collost. PART 1. DEATH WAS CONSTRUCTION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER COUSE STOTING COUSE COUSE STOTING COUSE ST	DECEASED-NAME (Type or print) 3. SEX 4. RACE 70. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 11. SIAUSE 130. USUAL RESIDENCE (Where deceosed lived, if instingtion) 14. FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 18. 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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

04233

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		CEASED-NAME First		Middle		Last	20	. DATE OF DEATH			2b. HOUR	
9	1	pe or print) argaret		J		AUKWA	1RD	Mon 3	th Doy	Year 8	85% W	
	3. SE.	x J	4. RACE		5	DATE OF BIRTH			(In years rthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	
9	F	emale	WHITE		-51	10-23	-94	7	3 YRS.	MONING DATA	HOURS Min	
	7a. B	IRTHPLACE (State or foreign	b. CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED [NEVER MARRIED	9. 00	OUNTY OF DEATH				
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	give street oddress) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										BUSINESS OR	
6	51	luer Spring	HOLY	YCROS	s Ho	SPITHL	Ketire	d Nurse	ii teillea.j	INDUSTRY	ina _	
E	13a.	USUAL RESIDENCE (Where decease	l lived, if institution: Re	esidence befare 13	k. CITY OR TO		SIDE CITY LIMITS?	13e. STREET AND		и		
)	_	nary land	MONTGO	omely s	ilver	Spring	NO 🗆	10411 C	linto	nltue	nue	
1	14. F	ATHER'S NAME First	Middle	Lost	15. 1	NOTHER'S MAIDEN			Middle		Last	
1		Michael		Reidy			Cath	rerine	5.503	Connor		
Ióa. WAS DECEASED EVER IN U.S. ARMED FORCES? Iób. SOCIAL SECURITY NO. 17. INFORMANT Address Yes.ano. or unknown) (If yes give war or dolles of service) Address Address											C C 10	
		es no, or unknown) (If yes give war	21	4-52-566	Mr	. John (. Hukev	pard 9819	E. Ligh	rt Dro	5.5.10	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		(o), (b) and (c).)	0.	1.	0			BETWEEN OF	NSET AND DEATH	
Н			E CAUSE (a)	Class	1	fack	ann	2)				
Н		Canditions, if any, which gave)	DUE TO, OR AS A C	ONSEQUENCE OF	0	-)				7		
Н		rise to immediate cause (a),	(b)	1th	ne							
		stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF		-0.	-			5		
			(t) (c)	TO DEATH DUT NOT	DELATED TO 1	UL TEDMINAL DICE	ACC OD CONDU	TION CIVEN IN DARK	1/-1			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)										
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CON								NSIDERED IN CE	RTIFYING	
Ž.	IFICA							CAUSES OF DEAT				
T	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	RY	21c. HOW			re af injury in Part	1 or Port 2. It	rem 18.)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		nth Day Year	tt-72,33							
	MED	(If either, natify medical examine	LACE OF INJURY (AT HO)	ME, FARM, STREET, FACTOR	Y.) 21f. 10C/	TION Street or F	R.F.D. No.	City or Town		County	State	
		While Nat while at wark	OFFICE	BUILDING, ETC.	/							
		220. I certify that (I) (this	-hospital) ottender	d the deceosed	from		1957	, to Man	14,19	f, that	(I) (we)-last	
Ŷ		saw the deceased ali	ve on Mar	2 1 4 196	and	hat in (my) (e	ur) apinion	death occurred	on the dot	e ond hour o	and from the	
Š		couses stoted obove,	(I) (we) (did) (did-i	net) view the ba	dy after de	ath.			20 0	ATC CIONED		
		220. SIGNATURE	0/12		L_DEGREE	ATTENDING	MED.	STAFF	_	ATE SIGNED	1 10/0	
1	8	22d. PHYSICIAN'S	yell	char	DEGKEE	PHYS. 22e. ADDRESS	DIRECT	OR PHYS.		March 11	4, 1968	
1		NAME (Type) Edwar	dy. Richa	rds M.S).	10110	Geor	igia Aven	ne Sile	zer Spr	ina.Md.	
	230	BURIAL, CREMATION, 23b. DA		23c. NAME OF CEA	METERY OR CI	EMATORY		J. LOCATION (City o		(County)	(State)	
		DCMOVAL (c. 16.)	18/68	Arlingto				rlington	,	rlinato	,	
	10	WHERAL DIRECTORS C 410	n Carter	ADDRESS		2Sa.	REC'D BY REC	15TBAR 1988b.			diffe.	
	91	armer E. Pumpha	ey Inc, 84	34 Gao Al	re.S.S	· Md DAT	E MAR]	[A 1200	1	6	6	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papels, should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 h VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

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Transport (B) 10-23-74 173 - Kum a-THE PASSES OF THE REAL PROPERTY OF THE PASSES. MANAGER STATE HOLY GROSS HOSHIM William Com Flore Danier more lands marriagemery silver Spine X WHIL Chinton Riverses The second of th Market of the second of the se The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.3	i ha at a		CE	KIIFICA	IE OF DEAL	Н			142.	34
1. DECEASED-NAME	First		Middle	-	Lost	2a.	DATE OF DEATH	46 D	V	2b. HOUR
(Type ar print)	FRAI	1015	M,	15%	7 6 6	48 3	Man	th Day	Year 1 9 6 8	12 40.
3. SEX		4. RACE		S.	DATE OF BIRTH			(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MA	LE	W	HITE	/	MAY 25	- 18	76 9	thdoy) YRS.	MONTHS DAYS	HOURS MIN
o. BIRTHPLACE (Stote	or fareign	7b. CITIZEN OF WI	HAT COUNTRY? B.	MARRIED 🔀	NEVER MARRIED	9. CO U	INTY OF DEATH			
country) VIRG	INIA	11.5		WIDOWED 🗍	DIVORCED	N	ONTAO.	MERY	/	M
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR INSTIT	UTION (If nat i			JPATION (Kind of		12b. KIND OF B	BUSINESS OR
KENSING	to N		street oddress)	Rdens	SAN, T durin	ig most of V	warking life, ever		INDUSTRY	114
30. USUAL RESIDENCE	(Where decease		/	3c. CITY OR TO	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	CITY LIMITS?	13e. STREET AND			
dmission) STATE	- COL	13b. COUNTY	- 01	NASHI	NG TO UES DE	NO [2931K1	7NAN	HA ST.	., N, h
4. FATHER'S NAME	First	Middle	Last	15. A	NOTHER'S MAIDEN NA	ME First		Middle	14.	Lost
N	OKTRO	my D.	BALL		5	AlliE		L.,	WRISI	47
16a. WAS DECEASED I		MED FORCES? var or dates of service)	16b. SOCIAL SECURITY NO.	- 43	DRMANT	1		Address	0	F 163
NO O	11)		568-03 801	4 441	CED. BALL	-DTR	SAME	A5#		
			ne_far (a), (b), and (c).)	0 01	0 0	1557	4	4-9		ISET AND DEATH
PART 1. DE	ATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	Genelia	6 4	insulit	7515			141	rouse
433	9		AS A CONSEQUENCE OF	U	TUT IN TO					
Canditions, if or		(b)				0.6				
rise to immedi		. /	AS A CONSEQUENCE OF							
last.		(c)								
PART 2. OTHER	SIGNIFICANT COI	DITIONS CONTRIBU	ITING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE	OR CONDITI	ON GIVEN IN PAR	[](o)		
3000	X	Anter	1050/200							
19a. DATE OF OPI	RATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PERFO	RMED	20a. AUTOPSY?		20b. IF YES, WEF		INSIDERED IN CEI	0
	ne		Mone			0 🔲				love
210. ACCIDENT ☐ OR CONTRIBUTIN				21c. HOW	INJURY OCCURRED	(Enter nature	e of injury in Part	1 or Part 2, It	tem 1B.)	
(If either, notify	medical exami	ner) P.M.	19		100	ry				
₹ 21d. INJURY_OC While \ Nat	CURRED 21e.	PLACE OF INJURY-	AT HOME, FARM, STREET, FACTOR	Y.) 21f. LOCA	TION Street or R.F.D	D. Na.	City or Town		County	State
at wark at y	vark		none		00	-0	1 lige	ry		
22a. I certif	y that (I) (th	is hospital) att	ended the deceased	from 10	nvary,	1962.	to morch	1 0, 19	led, that	
saw the	e deceased a stated above	live an 12	(did not) view the bo	dy after de	nat in (my) (our) nth	ropinian i	death occurred	on the dot	te ond hour o	and from th
22b. SIGNATURE		, (,) (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(und not) protein into bo	M.T) •	/		22c. [DATE SIGNED	
	Jam.	es w	1 doltu	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF	P. 1	orch 1, 1	968
22d. PHYSICIAN		74,7			22e. ADDRESS	0	1		,	1
NAME (Typ) Jame	s M. Lof	tus		5415	CON	N. HVE.	, WW	, WASI	4.13(
230. BURIAL, CREMAT	ION, 23b.	DATE	23c. NAME OF CEM	METERY OR CR	EMATORY	23d.	LOCATION (City of	or Town)	(County)	(State)
REMOVAL (Special Burial	(Y) Z	/5/68	Lewinsvi	lle Pr	esb. Cem.			an, Vir	ginia	
24. FUNERAL DIRECTO			O Wisconsin		N. W. 2Sa. RE	C'D BY REGI	STRAR 2Sb.	REGISTRAR'S		
Togonh Co	ulanta		hington D			MAR	8 1968	yelles	reas Jus	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fugeror director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physicion.

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Joseph Gawler's Sons Washington, D.C.

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VR A15ME 10M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

042	200	MEDICA	L EXAM	INER'S	CERTIFICAT	E OF DE	EATH		1	04235	
1. DECEASED-NAME (Type or Print)	First		Middle		lost			20. DATE KNOWN	Month	Doy Yeor	2b. HOU
	Robe	rt	A.		Barbee			DEATH MATED		-26 196	87%
3. SEX	4. RACE	S. DATE OF BIRTH		6. AGE (In year last birthday)	MONTHS DAYS		24 HRS MIN.	2c. DATE PRONOUNCE	DEAD	v 4	2d. HOU
Male	Canc.	10-14-18	77	9 90Y		HOURS	1000	Mogh &	26	Year 1968	874
70. BIRTHPLACE (Stot	e or foreign 7b	. CITIZEN OF WHAT	COUNTRY?	8. A	MARRIED NEVER	AARRIED	9. COU	INTY OF DEATH	ALC: A		
country) Dino	inia	U.S.A.		W	IDOWED D	IVORCED 🔲	M	ontgomery			٨
10. CITY OR TOWN O	F DEATH			OR INSTITUTI	ON (If not in hospi		JSUAL OC	CUPATION (Kind of wo		12b. KIND OF B	USINESS OR
Silver Sp	ring	give stre	et oddress)	tol U	iew Ave.		most o	f working life, even if	retired.)	INDUSTRY GOU	to
130. USUAL RESIDEN	CE (Where deceoses	d lived, if institutio	n: Residence b	pefore 13c. CI	TY OR TOWN	13d. INSIDE CITY		13e. STREET AND NUM			
odmission) STATE	Maryland	13b. COUNTYYOU	itgomer	y Si	lver Spri	nges 🛭 I	NO 🗌	9809 Ca	pitol	l Biew A	venue
14. FATHER'S NAME	First	Middle		Lost	1S. MOTHER'S A	AIDEN NAME	First	Mic	ddle	l	ost
	William		Ra	Abee	1, 1800	Su	isan				0
160. WAS DECEASED EV	VER IN U.S. ARMED FO		b. SOCIAL SECU		17. INFORMANT		JAN D	ADDRE	55	C + 1	Henn
(Yes, no, or unknow	Wn) (If yes give wo	ar or dates of service)			Alger 4	- Barl	200	9.809 Managano	ENUME	Marila	View
18 CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b), (id (c).)			1	00	07	APPROXIMA	ATE INTERVAL SET AND DEATH
	DEATH WAS CAUSED	BY:	A	0	Bonas		tre	1.111/11	100	BEIWEEN UNS	ET AND DEATH
1110	MMEDIAII	DUE TO, OP AS	A CONSEQUEN	CE OF	0 -0 / 42/	1.	1	and the	A CON	7	
	ony, which gove	//	AVOA	1 01 0	Oan I	7	100	art of	ica.	16	
	diote couse (o),	DUE TO, OR AS	A CONSEQUEN	ICE OF	XI) CO-C	cc 1	1	001 000			
last.	nderlying couse	, , ok 10	THE CONDEMNE								
DADT 2 OTHER	SIGNIFICANT CONDIT	(c)	TO DEATH DIL	T NOT DELATE	D TO THE TERMINA	DISCASE OR	CONDITIO	ON GIVEN IN PART 1(o)			
14201	SIGNIFICANT CONDIT	IONS CONTRIBUTING	10 DEATH BU	I NOT KELATE	D TO THE TERMINA	, DISEASE OK	CONDITIC	ON GIVEN IN PART I(0)			
190. DATE OF C	OPERATION	119	b. CONDITION	FOR WHICH C	PERATION			120. AUT			PSY2
FICA			WAS PERFO		T EKATION					YES	
190. DATE OF C	CAUSE WAS	21b. TIME OF INJ	URY Month Do	v Yeor	21c HOW INTURY	OCCURRED (F	nter notu	re of injury in Port 1 o	r Port 2 H		
	R CONTRIBUTING	HOUR A.M.	on monin, bo	10	LIC. HOW HOOK!	OCCORNED (E)	11010	ne or injury in Poll 1 o	1 1 011 2, 11	10.1	
PRIMARY OF DEAT		P.M. ACE OF INJURY (At I	homo form st	19	21f. LOCATION Stre	ot or D.C.D. No		City or Town		County	Stote
WHILE AT WORK		ory, office building,	etc.)	reer,	211. LOCATION SITE	el ol K.F.D. No	7.	City of Town		County	31016
										7	
	certify that I tan			/ 1				E-St.	quiry		my apinio
death re	esulted from:	Natural causes	Acq	ident []	Suicide	, Hamicio	de 🔲,	Undetermined	manner		
ACTIVAL	1/2/	7/1	//	6.	1	HIEF MEDICAL	EXAMIN	ER			
ACTUAL SIGNATURE	1 del	Neu 1	14	UNJ.	QM.D.	ASSISTANT MED	DICAL EXA	MINER -	22b. DATE	SIGNED	
EXAMINER'S		. 1/	1 1		110 3	DEPUTY MEDICA			112	6/19/	18
NAME (Type)	1000	ENK	, NE	AP.	M.D. 8	ODE Stree	city	or county)	12	1110	10
230. BURIAL, CREMA	TION, 23b. D	ATE	23c. NAN	NE OF CEMETE	RY OR CREMATORY		23d.	LOCATION (City or Tox	vn)	(County)	(Stote)

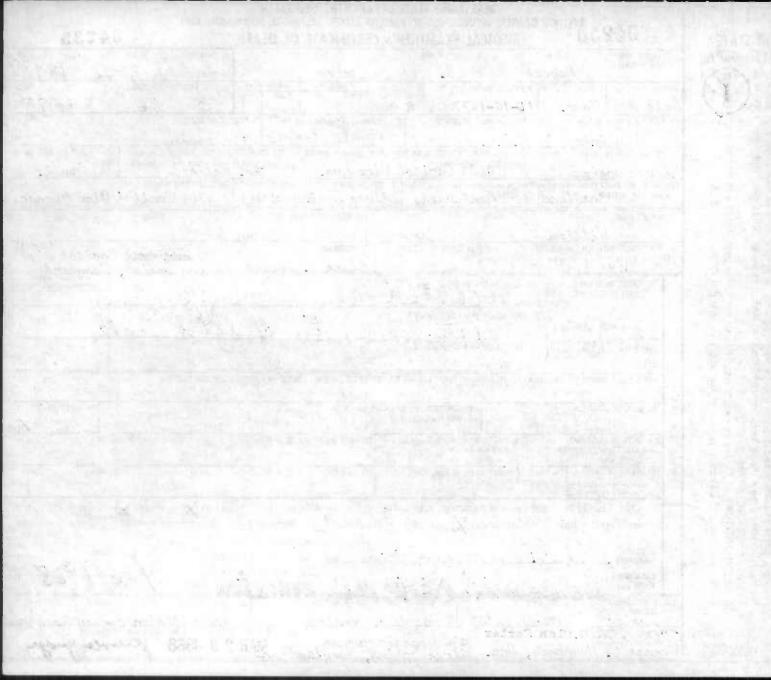
BURIAL, CREMATION, REMOVAL (Specify) Carter

ADDRESS

Montgomery REGISTRAR'S' SIGNATURE

RECD BY REGISTRAR 25b.

MAR 2 9 4968



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	0425	1	DIVISION	OF VITAL RECORDS,		PRESTON STR		MORE, MAR	YLAND 21201	042	36
	ECEASED-NAME	First		Middle		Last		2a. DATE OF	DEATH		2b. HOURE
(1	(ype ar print)	Jame	S	C.		BARLOW		March	Manth31 Da	⁴ 1968	9401
3. SE	X		4. RACE			S. DATE OF BIR	TH		6. AGE (In years		F UNDER 24 HRS.
	Male		Cauca	sian		May 1	6, 190	5	lost birthdoy)	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote or otry) tar, Miss		i U	JSA	WIDOWED		CED []	COUNTY OF Montgon	nery		Me
	city or town of DE thesda	ATH		1. NAME OF HOSPITAL OR INS give street address). Naval Hosp:	ital ital	nat in haspital	12a. USUAL during mo		(Kind of work done ife even if retired.) ISAF	12b. KIND OF BUINDUSTRY USAF	JSINESS OR
13o. adm	USUAL RESIDENCE (Vission) STATE Vi	Vhere deceased	lived, if ins	titution: Residence befare	13c. CITY O		3d. INSIDE CITY LIM	ITS? 13e. ST1	REET AND NUMBER Lake Shor		
	Wiley G.	First Barlow	Midd	lle Lost		IS. MOTHER'S MAI	Lawso	n	Middle		Lost
16a.	(es, pa, or unknown)	IN U.S. ARME	D FORCES? or dates of service 1951	16b. SOCIAL SECURITY I		INFORMANT			rg, Address V 115 Lake		rive
	18. CAUSE OF DEA PART I. DEATH 2050 Conditions, if ony, rise to immediate stoting the under last. 2043 PART 2. OTHER SIG	TH (Enter only WAS CAUSED IMMEDIATION Which gove cause (a), lying couse) NIFICANT COND	one cause p BY: E CAUSE (a) DUE TO, (b) DUE TO, (c) ITIONS CONT	or AS A CONSEQUENCE OF RIBUTING TO DEATH BUT NO	ot related	Jed o yelog. TO THE TERMINAL EL E 200. AUTOF	DISEASE ORCCO	gille s le	IN PART 1(a) A CUL OF DEATHS	APPROXIMA BETWEEN ONSI OUT OF THE PROVINCE OF	E INTERVAL ET AND DEATH
MEDICAL CERTIFICATION	21o. ACCIDENT WAS	CAUSE OF OEATH	r) HOUR A	P.M. 19			JRRED (Enter		Yes		
W	21d. INJURY OCCUR While Nat while at wark ot wark			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					ar Tawn	County	State
	22a. I certify to saw the discusses stored augusts stored augusts stored augusts. Signifure 22b.	hat (1) (this eceased aligned abave,	. Lea	did) (33 761) View the	MR	REE PHYS. 22e. ADDR	EESS ME	D. RECTOR ital,	STAFF 22c. PHYS. 21	April 1	
23a.	BURIAL, CREMATION REMOVAL (Specify)		4-68	23c. NAME OF Harri					N (City or Town)	(County) Mississi	(Stote) .ppi
24. F	FUNERAL DIRECTOR F	Robert ome, 75	A. Pur 57 Wi	nphrey ADDRESS sconsin Ave.	, Bet				2Sb. REGISTRAR'S	S SIGNATURE	ge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04252 04237 CERTIFICATE OF DEATH Middle DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR (Type or print) IF UNDER 24 HRS 3 SFX 6. AGE (In years IF UNDER 1 YEAR lost birthgay) MONTHS HOURS 1881 13, 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Holy (13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence defore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 135. COUNTY YES 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Henry Barott Paverna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or enknown) (If yes give war or dates of service) Noves Dr 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Lear PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while of work causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) GRORGIA NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Gemeteru ontameru

250. RECID BY REGISTRAR 36 B256. RECISTRARY PASHAJURE

DATE

O FUNERAL DIRECTOR: After director, pa should be f VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR

Dumphrey

Inc. 8434 Ga.

the ottending physicion and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 2 mation, or removal, and in any event, within 72 hours after death.

burial, cremation, signed by the burial-tronsit p

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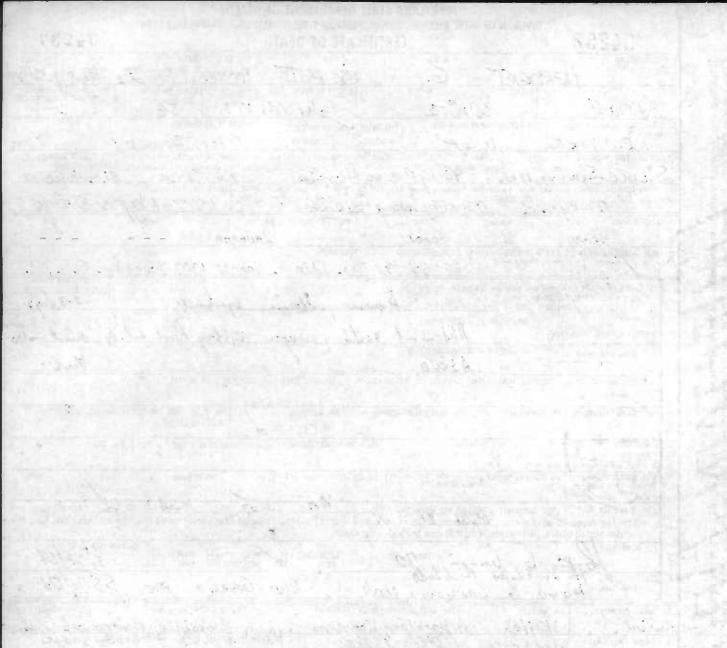
State Dept.

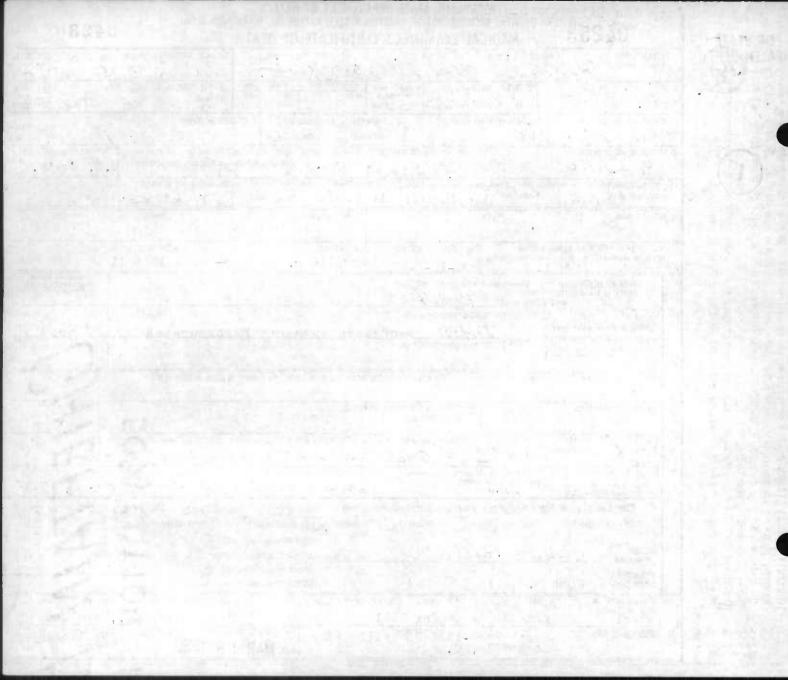
this certificate

be retained by the hospital or

Health r

The low requires that the death certificate be executed within 24 hours after





	05205		CER	TIFICATE OF DEATH		04239
	ECEASED-NAME Type or print) Mary	First K	Middle	last	20. DATE OF DEATH Month Do	14 19 Year 730
3. SE	x = //	4. RACE	ite	S. DATE OF BIRTH 11 - 25 - 8	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o. E	BIRTHPLACE (State or foreign TEX A 5.17	n 7b. CITIZEN OF WHA	- 1	MARRIED NEVER MARRIED	9. COUNTY OF DEATH Montgom	elves M
Z	TITY OR TOWN OF DEATH	give st	ME OF HOSPITAL OR INSTITU	during m	AC OCCUPATION (Kind of work dane ost of working life, even if retired.)	12b Kind OF BUSINESS OR INDUSTRY
odmi	USUAL RESIDENCE (Where iseign) STATE fan	deceosed lived, if institution 13b. COUNTY	on: Residence before 13c		0 8/04 May	ble Kidge Ko
	FATHER'S NAME First	HN H	KEATING	IS. MOTHER'S MAIDEN NAME F	MARY A	ConnoR
16a. Y	es no, or unknown) (If y	and the state of t	166. SOCIAL SECÜRITY NO. Unknown	J. ALBERT	BASSLE AL	bove —
	PART I. DEATH WAS	DUE TO, OR AS	A CONSEQUENCE OF	Tailune ampure	la of Vate	BETWEEN ONSET AND GEATH
z	PART 2. OTHER SIGNIFICA			ELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	190. DATE OF OPERATION	CAUSES OF DEATH?	, WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?			
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	of OEATH HOUR A.M. examiner) P.M.	Manth Day Year		r noture of injury in Port 1 or Part 2,	Item 18.)
M	21d. INJURY OCCURRED While Nat while at wark			21f. LOCATION Street or R.F.D. No	. City or Town	County Stote
	saw the deceas	l) (this hospitol) otte sed alive on abave (1) (we) (tid) (19 196	A, and that in (Try) (aur) op		9 (we) la: lote ond hour ond from th
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	y. Dos	N 104		MED. STAFF PHYS.	DATE SIGNED 18
23a.	BURIAL, CREMATION,	23b. DATE 3-13-68		tery or crematory hedral Cem.	23d. LOCATION (City or Town) Baltimore, M.	aryland (State)
24.	FUNERAL DIRECTOR	O. Timest	APDRESS /	ala, Md. DATE M	BY REGISTRAR 256. REGISTRAR	'S SIGNATURE

and 2 death.

24 hours after death.

within

VR A15 (4), 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04255 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY a STATE Montgomery Mary land MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Highland 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Montgomery General Mink Hollow Road YES NO T NAME OF 4. DATE Middle Last Month Doy Year DECEASED Virgie March 19 Beavers (Type or print) DEATH SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours 1/28/03 X WIDOWED DIVORCED female White 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY Maryland .S.A. unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Wallace Mobley unknown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) records: Montgomery Gen. Hosp., Olney. unknown no INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying cause an Orlas one in om a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Nat While at work 1967 to 11 . 1968 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from 1968, and that death occurred of 0:30 M, from couses and on the date stated abave. saw the deceosed alive-on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Cloverly st. Silver Spring. Donald R. Lew is 700 NAME OF GEMETERY OR GREMATORY 23d. BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City of Town) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. 25+ Care

PHYSICIAN: The law requires that the death certificate be executed **'O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate

24 haurs after death.

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23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

5130 Wipersonsin Ave, NW 250. REC'D BY REGISTRAR

601

DATE

23d. LOCATION (City or Town)

Suitland.

APR 5_

(County)

Prince Gerroes Md

Minarles ymage

25b. REGISTRAR'S SIGNATURE

(Stote)

directar, 30M REV. 158

Francis J.

4/3/68

Joseph Gawler's Sons, Washington, D.C.

23b. DATE

Murray

NAME (Type)

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

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ADDRESS

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HEALTH DEPI		1. D	MEDICAL EXAMINER S CERTIFICATE OF DEATH	Day Yeor 2b. HOW
s o e e	1	(1	ype or Print) Speroman Savid Beddinger DEATH MATED X 3	5 1968 5A
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PM3.		7	nale W 6/20/27 40 YRS. March 16	Year 1965 52
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I hours Item 1 Office		14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
5 5		160	Davis E, proces	1-1081
I within on pencil in Examiner File page			was deceased ever in U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 216-22-0957 Fre Borne Beddinges force	ca mid.
9 .		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Aneurysm Dissecting, Ruptured intra-pericardial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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ر ئو حوم			rise to immediate cause (a), (b) Arteriosclerosis stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	/
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icate ing the ded to ded to ond		CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
te, writing farworded farworded e used as a			19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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=	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 210. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	n 18.)	
CAMINER: te the certifie 4 should raur files. age 3 should remation.		ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City at Town	County State
xecuti xecuti Pagi for y OR: Pc			22a. I certify that I taak charge of the remains described obove, held an Autopsy 💢, Inspection 💢, Inquiry 🔀,	and in my apinia
O o o p i			death resulted fram: Natural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🕻	
pleose I direct retoine I DIREC			ACTUAL CHIEF MEDICAL EXAMINER ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	
			SIGNATUREM.D.	15/68
o DEPUTY necessary, p the funeral 5 may be re o FUNERAL Health prio	2		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	2/00
the the Hec	0	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05%		CERTIFICATE OF DEATH						04	04244		
DECEASED-NAME (Type or print)	Barba:		(None)		Inder		20. DATE O	Month	23°	1968	
3. SEX	The state of the	4. RACE Whit			DATE OF BI		26	6. AGE (Ir	n yeors hdoy) I YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Female 7o. BIRTHPLACE (Stote country) New Yor	or foreign 7b.	CITIZEN OF WE	HAT COUNTRY?	8. MARRIED K			Mont				M
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odmission) STATE Maryla 14. FATHER'S NAME		13b. COUNTY	somery lost	Potor	nac	YES NO				nd_Cou	rt
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Yes, no, or unknow	no		ne far (o), (b), ond (ç).)		Patie	nt's c				APPROX	XIMATE INTERVAL
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☐ OR CONTRIBUTING (If either, notify	WAS UNDERLYING G		Month Doy Yeor			CURRED (Enter	nature of inju	ury in Part 1	or Part 2, I	Item 18.)	
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saw the	e deceased alive	an_ 3	ended the deceased	and t	that in (m	y) (aur) apin	nian death	accurred	an the da	te and haur	and fram the
22b. SIGNATURE	3Cus L	~-	M	D DEGREE	ATTENDIN PHYS.	DII	ED. RECTOR	STAFF PHYS.	D 3	-23	-68
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23a BURIAL EREMAT	(V) 3/L	4/68	23k NAME OF CE		/	orden.	23d_LOCATI	Chu	rch.	(County)	(Stote)
Bernay D	anzonsky	+ Jons	ADDRESS ADDRESS	· Wash	DC.	DATA AR			REGISTRAR'S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after the should be filed with the State Dept.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04260 CERTIFICATE OF DEATH 2n. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle First Manth (Type ar print) IF UNDER 24 HRS ond in ony event, within 72 hours after 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) DAYS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT B. MARRIED 7a. BIRTHPLACE (State or foreign NEVER MARRIED country WIDOWED DIVORCED on toom ex signed by the ottending physician and completely filled burial-transit permit. Then please remove corbon pap 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH low requires that the death certificate be executed within during mast of warking life, even if retired.) **INDUSTRY** minister 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY YES X NO stevensuil 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Sarah 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na, or unknown) cremation, or removol, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or ottending Foyer and processing the conficult has been director, page 3 should be detached for use as the chand he filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram Nov-, 1967, ta mare 24, 196 saw the deceased glive an Association (my) (our opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 70 23c. NAME_OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAN 24. FUNERAL DIRECTOR ADDRES VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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eath.	deoth deoth	3		CEASED-NAME First CLET	Middle PAULINE	Lost BLINKHORN	2a. DATE OF DEATH Month March	Doy 1968 6: 10A
T	offer after		3. SE)	Female	4. RACE Cauc.	s. date of birth July 19	6. AGE (In	VEOTS - IF UNDER 1 YEAR IF UNDER 24 HRS.
24 haur	d in by pers. Pag		count	^{ly)} Illinois	7b. CITIZEN OF WHAT COUNTRY? U. S.	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	Montgome	///
within	tely fille rban pa , within	68	Si	ty or town of DEATH lver Spring,	give street address	Cross Hosp.	2a. USUAL OCCUPATION (Kind of w uring most of working life, even if Operator-Te SIDE CITY LIMITS? 13e. STREET AND N	retired.) INDUSTRY Co.
kecuted	cample nave ca ny event	15	admis	DSUAL RESIDENCE (Where deceos ATHER'S NAME First	ed lived, if institution: Residence befor	Potomac YES	x No□ 11701 (Green Lane Dr.
te be e)	ian and ase ren nd in ar			Paul Metzge WAS DECEASED EVER IN U.S. ARA	er	Cleta	Rogers	
ertifical	hen ple		Ye	os, no, or unknown) (If yes give w	ar or dates of service) Ly ane cause per line for (a), (b), and (Joseph A.	Blinkhorn Sa	Address as Item 13.
death o	the attending physician and sit permit. Then please rem nation, ar removal, and in an			PART I. DEATH WAS CAUSE	D BY: DUE TO, OR AS A CONSEQUENCE C	1 Klmorn	age	BETWEEN ONSET AND DEATH
The law requires that the death certificate be executed within 24 hours after attending physician.	an			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	4.5			
requires ig physic	een signed I the burial-tr r ta burial, c			PART 2. OTHER SIGNIFICANT CON	(c) NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1	(a)
The law attendir	has b se as th pria	1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	YES 🔲	NO CAUSES OF DEATH?	
PHYSICIAN: e haspital ar	of of		AE	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical exami	rn HOUR A.M. Month Day Ye-	or 19	D (Enter nature of injury in Part 1	
	fter this certif be detached State Dept. af	6		at wark at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			County State
O HOSPITAL OR ATTENDING Page 4 may be retained by th	OR: After auld be the State			22a. I certify that (I) (the saw the deceased a causes stated phave	is haspital) attended the dececulive an live an e, (1) (we) (dd) (did not) view th	19 and that in (my) (a e bady after death.	uur) apinian death occurred	5, 1968, that (I) (we) la on the date and haur and fram th
OR AT be reto	DEUNERAL DIRECTOR: A director, page 3 shauld should be filed with the			22b. SIGNATURE	rold X Bu		MED. STAFF PHYS.	22c. DATE SIGNED 3-15-68
4 may	o FUNERAL director, pa	1		22d. PHYSICIAN'S NAME (Type) DONA			809 Viers Mi. Rockville, Ma	aryland
TO HC Page	to Fu direct shou	B		BMYATETY) 3-		of Heaven Ce		Town) (County) (State) Spring, Md. REGISTRAR'S SIGNATURE
	VR A15 (30M REV. 1	4) /68	"R	FUNERAL DIRECTOR CBERT A. PUN	MPHREY, Betheso	0 0000000000000000000000000000000000000	MAR 2 6 1968	Eliantes Judges

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

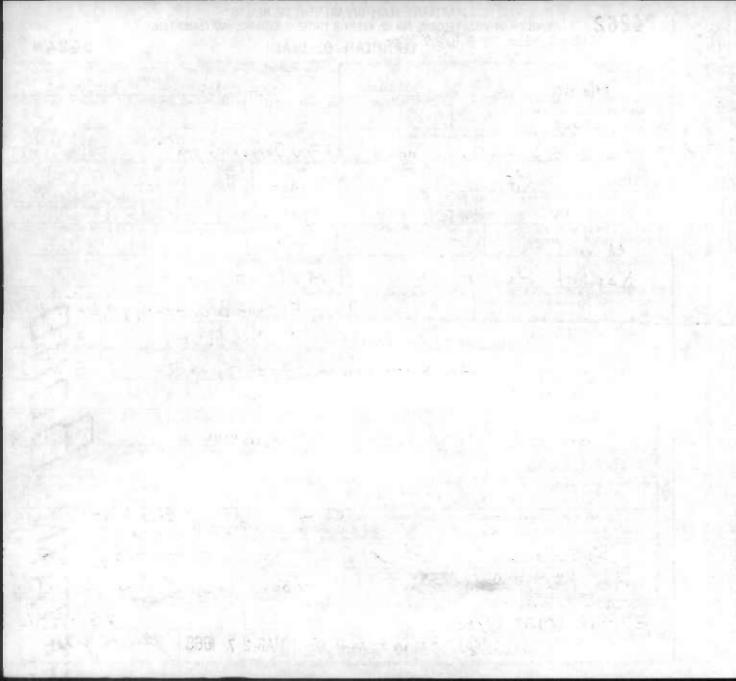
Them 2 Film G399 4/2/6 CERTIFICATE OF DEATH

04248

1		CERTITIONIE	VI DEATH
	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	(o. COUNTY —	o. STATE b. COUNTY
		MARYLAND MARYLAND	Washington D.C.
	- t	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town)
	0	write RURAL and give nearest tawn)	
	7	hevy Chase	
	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 404 ASpen, St. NW e. IS RESIDENCE ON A FARM?
1	K	ethesda Silver Spring Warsing Home	8 Trong James Mill had YES NO NO
U			
		NAME OF First Middle	Lost 4. DATE Month Doy Year
		Type or print)	Bogner DEATH March 23 1968
	5. 5		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	3	T 14	lost hirthday) Manths Doys Haurs Min
		WIDOWED DIVORCED	9/21/1880 87 yrs.
		USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
	duri	ng mast of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CHIZEN OF WHAT COUNTRY? U.S.
	-	H·W.	
	13.	FATHER'S NAME	14. MDTHER'S, MAIDEN NAME
		Karbel Hellmann	Malcha -
	15		
		s, no, or unknown) (If yes give war or dates of service)	1143/11/05
		/2	abbi Arthur BOGHEY-404 Asken St. N.W.
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: DISSEMINATE	on the tree on the onset and DEATH,
	1	IMMEDIATE CAUSE (o)	inang hours
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	Н	Conditions, if any, which gave) (b) Adehocarcin	oma of Breast 3 years
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		stoting the underlying couse	
		lost. // 0 × (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Completed A during lander agin	
-	3	Generalized Antiriosclerosis	i Men 1 A 910 mar YES NO DE
		20o. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)
	8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			CE DF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDICAL	Hour o.m. While Not While focts	ory, street, affice bldg., etc.)
	×	p.m. 19 ot work at work	ory, shoot, artico blogs, artis
		21. I certify that (I) (this hospital) attended the deceased fram	Corce, 1967, to 3/25, 1968, that (1) (we) last
		saw the deceased glive an 3/23 1968, and that	t death accurred at Took M, fram causes and on the date stated abave.
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		Mecane And M.D	
		22c. PHYSICIAN'S DR. G. LEDITERY Gold	22d. ADDRESS
1		NAME (Type)	9 KOI Person Charles S.S. MA.
1		The state of the s	The standard was a standard
	230.	BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR C	CREMATORY . 23d. LOCATION (City or Town) (Caunty) (State)
		Burial Mar. 27/68	ISRAFI
	24		DEC DECID BY DECISTRAD CIC DECISTRADES CICAMATIDE
	24.	FUNERAL DIRECTOR Beinard Danzanskap DRESS	25g REC'D BY REGISTRAR 25grae6gistrar's signature
		4 Son 0 1143/114	DAIL

after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat তে HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24নকাৰ Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67



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Wheeler

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME First		Middle	229 (12)	Last	2a. DATE OF DEATH		2b. HOUR
(Type-or print) = P	10	BriAN	Dan.	ner	Manth	Doy Year	4 A.M
3. 5	Aller of the same to the same	14 RACE	10111710		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
0. 3	• 1	W. Kries	1.20			lost birthdoy)	MONTHS DAYS	HOURS MIN.
2	Migle	WH	119	0	3-16-6	8 32 34	5.	58
/o.	BIRTHPLACE (State or fareign ntry)	7b. CITIZEN OF WHA	I COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH		
	Mary land	U.S.A		WIDOWED	DIVORCED 🔲	Montao.	mery.	Md.
10.	CITY OR TOWN OF DEATH		ME OF HOSPITAL OR INST	ITUTION (If not in		AL OCCUPATION (Kind of work don		BUSINESS OR
	Bethesda	give str	SUBURB SUBURB	an 2+	OS 12 during m	ost of working life, even it retired	.) INDUSTRY	
13a.	USUAL RESIDENCE (Where deceo	sed lived, if institutio	n: Residence before			IMITS? 13e. STREET AND NUMBER		
adm	ission) STATE and	13b. COUNTY	Soonery	Rockui	1/ YES N	00 and lind	2 110	
	FATHER'S NAME First	Middle	Lost		OTHER'S MAIDEN NAME I	First Middle	2 CINE	Lock
14.	•				JITIER 3 MAIDEN NAME I	1121 WILDOIG	C	Lost
	CUPTIS		12 1 BONNE		rare	nllan	07	nith
	. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give to	WED FORCES?	16b. SOCIAL SECURITY N	0. 17. INFO	RMANT	Address		
	N. 0				tatuer	Sa	me	
	18. CAUSE OF DEATH (Enter or	ily one cause per line	far (a), (b), ond (c).)					IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Tom	1	0171		J. T.	ONSET AND DEATH
	MADON	ATE CAUSE (o)	-	HUV	4217			
0.1	Conditions, if any, which gove		A CONSEQUENCE OF	1	- 5-	60.0		
	rise ta immediate cause (a),	(0)	PREIN	TUR	F DEL	IVERY		
	stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF			/		
	last.	(c)						
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
Z	1/6 X	1	= Yolu	115+1	c Kid	neys		
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PER		20a. AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
TEIC			0		YES NO	CAUSES OF DEATH?		
E	21o. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF	INJURY	21c. HOW	NJURY OCCURRED (Ente	r noture of injury in Port 1 or Part	2. Item 18.)	
B	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Yeor					
MEDICAL	(If either, natify medical exami		19	200 X 201 LOCAT	ION S DED N	C11 T		C4 - A -
-	21d. INJURY OCCURRED 21e While Nat while	PLACE OF INJURY	OFFICE BUILDING, ETC.	OKI.) 217. LOCAT	ION Street ar R.F.D. No	. City ar Tawn	County	State
	of work at work							
	22o. I certify that (I) (th	is haspital) atter	nded the decease	d fram	, 19	, ta,		(I) (we) last
	saw the deceased o	live an	19	, ond th	ot in (my) (our) op	inion death accurred on the	date and hour	ond from the
115	causes stated abov	e, (I) (we) (ala) (c	ald nat) view the b	аау апег аеа	in.			
	22b. SIGNATURE	1 /11	9201		ATTENDING	MED. STAFF - ~	C. DATE SIGNED	
	10511	TA	1/1//20	DEGREE	PHYS.	DIRECTOR PHYS.	1/6/10	8
	22d. PHYSICIAN'S	1 OIN -	7		22e. ADDRESS	ondston Drive,	Rockwi	lle. Md
	NAME (Type) Dose	eph O'Nei	<u>. L</u>		JO W. Dull	ondaton bilve,	JOOK VI.	110, 114
23a		DATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION (City or Town)	(Caunty)	(State)
	REMOVAL (Specify) Burial 3	/18/68	Rockwi	lle Ce	meterv	Rockville M	ontgomer	ry Md.
24.	FUNERAL DIRECTOR	10/00	ADDRESS	TT'C OC	25a. REC'D I	R 1 9 1968 REGISTRA	R'S SIGNATURE	dec
m.	ween Wheeler	Funeral H	ome 1331	Rock.	Pike MA	R 1 9 1968	arces for	3

DATE MAR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fairectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician. VR A15 30M REV.

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death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

024) 'M			CERTIF	ICATE OF	DEATH					- 0.	425	0
1. DECEASED-NAME (Type or print)	First NEL 1	. I E	Middle		BOXAL	L	2a. DA	ATE OF I	Month 3	Day 18	Yeor 68	1	0:20
3. SEX FEMALE		4. RACE WH 1	TE		S. DATE OF 10-	21 - 06			6. AGE (In year last birthday	ors () YRS.	MONTHS D	AR IF UND	S MIN.
7o. BIRTHPLACE (Stote or country)	foreign 7	b. CITIZEN OF V	VHAT COUNTRY?	B. MARRIE WIDOWE	D NÉVER MA	ARRIED ORCED	9. COUN		ME RY				Md
10. CITY OR TOWN OF DEA	ATH	giv	NAME OF HOSPITAL OR IN a street oddress) MONT GO ME RY			12a. USU during n	NAL OCCUPA Cost of wo	ATION (orking li	Kind af wark fe, even if re	dane tired.)	12b. KIND INDUSTR	OF BUSINE	ESS OR
13a. USUAL RESIDENCE (Wadmission) STATE	here deceased	lived if institu			OR TOWN	YES N	LIMITS?]		ONE	BER			
	First HARLES	Middle →	Lost	EHAY	1S. MOTHER'S		First HERM I	E	Mi	ddle -		HEIS	LER
16a. WAS DECEASED EVER Yes, no, or unknown)			16b. SOCIAL SECURITY		7. INFORMANT MEDI	CAL RE	CORDS		Add	dress			
174 V	ring couse	(b) DUE TO, OR (c)	AS A CONSEQUENCE OF WAS A CONSEQUENCE OF CONSEQUENC	em	and to the TERMIN	les AL DISEASE OR	ma	se GIVEN	sols b IN PART 1(0)	2in			
19a. DATE OF OPERAT	10N 19b. CC	NDITION FOR W	HICH OPERATION WAS PE	ERFORMED	20a. AU YES [YES, WERE FIN OF DEATH?	DINGS CO	INSIDERED I	N CERTIFYI	NG
210. ACCIDENT WAS Contributing Concontributing Contributing Co	cause of DEATH dicol exomine	HOUR A.M	. Month Doy Year	9	HOW INJURY O	3			r in Part 1 or	Port 2, It	County		Stote
22a. I certify the	not (I) (this	e on	tended the deceas () (did not) view the	19	and that in (, 19_ my) (aur) op	, to oinian de	o eath o	ccurred an	, 19_ the dat	, t te and ho	hot (I) (our ond f	we) los rom the
22b. SIGNATURE	LuRun	Warst	off	DE	EGREE PHYS.	IXI	MED. DIRECTOR		STAFF PHYS.	22c. D	ATE SIGNED		
NAME (Type)			F, M. D.		Me	DICAL							
23a. BURIAL, CREMATION, BOOVAL (Specify)	e 3/	20/6	0 0	6 fr	OR CREMATORY	erian 2Sq. REC'D	1 12	ay	N (City or Tow 2Sb. REG	7	(County) SIGNATURE	4.	ote)

VR A15 (4) 30M REV. 1/68

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			01965	(TE OF DEATH	mone, ma	MILAND LIZOI	04	251.
h.2	1		CEASED-NAME First	Middle		Lost	2a. DATE O		No.	2b. HOUR
D D		(1	(pe ar print) Clyd	e Donald		Bowers		March 13	1968	6:40
affer		3. SE		4. RACE White	S	DATE OF BIRTH 6 October		6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
		7o. B	try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	FDEATH		
-	26		Maryland TY OR TOWN OF DEATH Sethesda	11. NAME OF HOSPITAL OR INS		in haspital 12a. USU/	AL OCCUPATION	gomery (Kind of work done glife, even if retired.) ager	12b. KIND OF INDUSTRY FOOD S	BUSINESS OR
000	2/	13a.	USUAL RESIDENCE (Where decease ssian) STATE Maryland	d lived, if institution: Residence befare	13c CITY OR TO	OWN 13d. INSIDE CITY L	IMITS? 13e. S	TREET AND NUMBER		
	2	14. F	ATHER'S NAME First	Middle Last	15. /	MOTHER'S MAIDEN NAME F	irst	Middle		Last
	3		Roy	C. Bowers	- 100	Cora	10.11	Be11	Gı	een
			WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) (If yes give wo	r or delar of rapidal 216-72-9		ORMANT The Med				
			Yes 1950	52 Not availa	ble The	Clinical Ce	nter,	Bethesda, M	Maryland	1 20014
				y one couse per line far (a), (b), and (c).					BETWEEN O	ISET AND DEATH
			PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a) Histiocytic	Medulla	ary Reticulo	sis		6 mc	onths
			2029	DUE TO, OR AS A CONSEQUENCE OF						
			Conditions, if any, which gove	(b)			3			
			rise to immediate cause (a), stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
			last.	(c)						
			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVI	EN IN PART 1(o)		
		N	Streptococcal	Septicemia, Pancy	topenia	a, Subarachn	oid Bl	eeding.		
	9	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITIÔN FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NOX	20b. 1	F YES, WERE FINDINGS C S OF DEATH?	ONSIDERED IN CE	RTIFYING
		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year P.M. 19	,	V INJURY OCCURRED (Ente		ury in Part 1 or Port 2,	Item 18.)	
		W	While Nat while at work			ATION Street ar R.F.D. Na		y or Town	County	Stote
			22a. I certify that ★) (thi saw the deceased al causes stoted obove	s hospital) ottended the decease ive on 13 March (k (we) (did) (six not) view the	ed_from21 9 <u>68_</u> , and bady after de	0_Feb, 19_6 that in (m/y) (our) op ath.	inion deoth	3 March , 19, occurred on the do	_68_, that ate and hour	(M) (we) la and from th
			226. SIGNATURE Michae	Canno MI) , DEGREE		MED.	STAFF ST	DATE SIGNED 3 March	1968
	1		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS The	clini	cal Center	, Nation	nal
		,	Micha	el Emmer, M.D.				alth, Beth		
1	P	23a.	BURIAL, CREMATION, 23b. D		CEMETERY OR CI			ION (City or Town)	(County)	(State)
2),	0.0	REMOVAL (Spacify)			EMORIAL PARK		RSTOWN W		MD.
5 (4)	8	24.	FUNERAL DIRECTOR	ROUZER FUNE	RAL HOM	E ZSG. KECD E	REGISTRAR	SB ZSB. KEUISTKAKS	DIGNATURE	3

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MARYLAND STATE DEPARTMENT OF HEALTH

0426	6	DIAISION OF	VITAL RECORDS,		ICATE OF		IMORE, MA	IKILAND ZIZUI	045	252	,
1. DECEASED-NAME	First		Middle	7.45	Lost		2a. DATE O			2b. l	HOUR
(Type or print)	JOHN		W		BOWLER			3 Month 23 Day	Y 68 Year	3:0	NSOC
3. SEX		4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR	IE UNDER	
Male		Whit	е		4/29/	' 82		lost birthdgy) 85 YRS.	MONTHS DAYS	HOURS	MIN
70. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIE	D NEVER MAI	RRIED	9. COUNTY O	F DEATH			
country)	io	USA		WIDOWE	DIVO	RCED 🗌	Mon	ntgomery			Mo
10. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN					N (Kind of work done	12b. KIND OF	BUSINESS	OR
Olney		give	treet address) Montgomer	y Ger	neral	during m	ost of Morking	life even if retired.)	INDUSTRY		
admission) STATE	E (Where decease Laryland	d lived, if institut 13b. COUNTY _P	ion: Residence before rince Geb.	13c. CITY (Hyat	or town ctsville	13d. INSIDE CITY 1. YES NO		treet and number 08 40th Av	enue		
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S M		irst	Middle		Lost	
	JOHN		BOWLER				Mary		La:	imer	
16a. WAS DECEASED I Yes, no, or unknow NO		D FORCES? or dates of service)	16b. SOCIAL SECURITY		. INFORMANIME Iontgome				lney, Ma	aryla	and
	ATH WAS CAUSED		ne for (o), (b), and (c)	Po	MOM	424	(ON9	ESTION		MATE INTERV DISET AND D	

stating the underlying couse ABETES CERTIFICATION 19a. DATE OF OPERATION

Conditions, if any, which gave: rise to immediate couse (o),

21a. ACCIDENT WAS UNDERLYING

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? NO X YES 🗍

CER 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF DEATH If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

Month Day Yeor AT HOME, FARM, STREET, FACTORY,

21f. LOCATION Street or R.F.D. No. City or Town

County Stote

While Nat while at wark

21b. TIME OF INJURY

22b. SIGNATURE

ADDRESS

ATTENDING PHYS. 22e. ADDRESS MED. DIRECTOR STAFF PHYS.

700 Cloverly, Silver Spring, Md.

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,

Donald R. Lewis, MD 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT

23d. LOCATION (City or Town) Colmar Manor

(County) (State)

REMOVAL (Specify) FUNERAL DIRECTOR

F. Gasch's Sons

3/25/68

Hyattsville. Maryland

1988

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after dea signed by O FUNERAL DIRECTOR: After this certificate has been

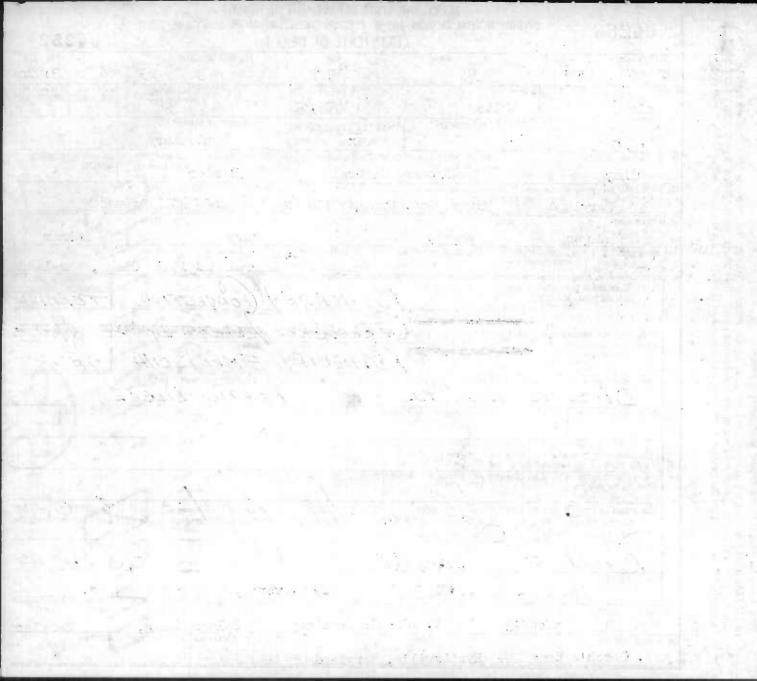
Page 4 may be retained by the haspital ar attending physician.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04253 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Inst 20 DATE OF DEATH 2b. HOUR 24 hours after death. death (Type or print) the funeral 3 SEX 6. AGE (In years IF UNOER I YEAR IF UNDER 24 HRS. signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages lost birthdoy) MONTHS HOHRS 5-2-95 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [event, within 72 Montgomeri 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within give street address) during most of working life, even if retired.) WashingTon 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle llams Bolton Elizabeth 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) or remaval. 223-38-1818 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 6+42+2 IMMEDIATE CAUSE (a) burial, crematian, Canditions, if ony, which gave) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the t Health priar tab attending this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year d. (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1962, and that in (my) (am) apinian death occurred an the date and haur and from the O FUNERAL DIRECTOR: After shauld director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) .1968 Providence Meth Kemptown. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15 (4) Olin L. Molesworth, Damascus, Md. 30M REV. 1/68 DATE MAR 1968

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MARYLAND STATE DEPARTMENT OF HEALTH 04268 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04254 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR event, within 72 haurs affer death. Month 3 (Type or print) end Yeor /ax 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and campletely filled in by the remave carban papers. Pages lost birthdoy) MONTHS I DAYS HOURS within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 4.5. DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY, give street oddress) on home 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the death certificate be executed odmission) STATE 13b. COUNTY NO T or remaval, and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle and Patrick Mc Lanahlin Ellen Moss 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Go Addressi um Yes, no, or unknown) (If yes give war or dates of service) Brown Adelphi. Maryland APPROXIMATE INTERVAL signed by the attending 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. burial, crematian, A CONSEQUENCE OF DUE TO, OR AS Conditions, if ony, which gove) burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNUADANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO r this certificate has been si detached far use as the bi ite Dept. af Health priar ta bi 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? // YES TI NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached f (If either, notify medical examiner) P.M. be detached State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram. and that in (my) (out) opinion death accurred an the date and haur and fram the 3 shauld by with the S saw the deceased alive an. causes stated abave, (I) (we) (did) (desot) view the bady after death. 22b. SIGNATURE 22c. DATE SUGNED ATTENDING MED. DIRECTOR STAFF directar, page 3 shauld be filed v * PHYS. PHYS. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23d. LOCATION (city or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) March Glenwood Cemetery Washington. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] reorara. 30M REV, 1/68 DATE MAR IMPHAPU

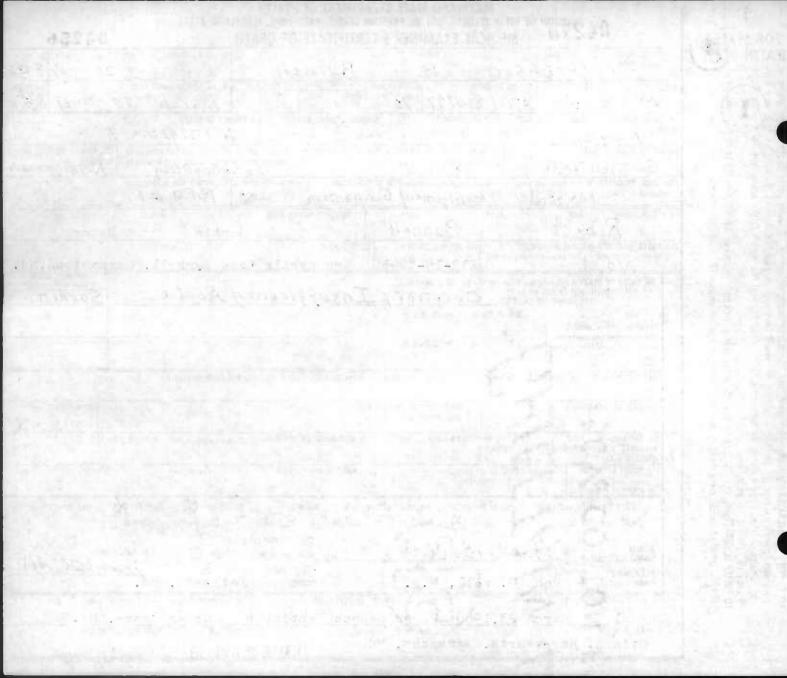
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE KNOWN (Type or Print) iny defay is FSTI-500 Urnel DEATH MATED 6. AGE (In years 4. RACE IF UNDER 24 HRS DATE PRONOUNCED DEAD 3. SEX S DATE OF BIRTH Jost birthday) N. P.M3. MI 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [MONTGOME WIDOWED Office olong with for Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life eyen if retired.) Germantown. 00 with 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Marykol (36. COUNTY Montgomery) Germantown Item 18. lond 2 v hours after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Bunnell Gertie Baker Examiner s pages haurs pencil 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) 212-14-8643 Mrs Myrtle Leah Burnell, Germantown, Md. File = be executed within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. Insufficency Acute PART I. DEATH WAS CAUSED BY: Coronar Sudden pending IMMEDIATE CAUSE (a) Conditions, if only, which gove rise ta immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse forworded to the __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my opinion the funeral director. Natural couses Accident . Suicide . death resulted fram: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE march 20, 1968 O DEPUT DEPUTY MEDICAL EXAMINER may Health **EXAMINER'S** John G. Ball, M.D. ADDRESS(Street, city, Bovt, lar coand)a. NAME (Type) 0 5 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify)
Burial Upper Seneca Baptist Cedar Grove, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Olin L. Molesworth, Damascus, Md. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Year (Type or Print) DEATH MATED 6. AGE (In years 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR pup HOURS 11-9-06 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED Give Poges Stat 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) the ARMER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER With deoth. 13d. INSIDE CITY LIMITS? 13b. COUNTY Nove hours and 2 in Item 1 after 14. FATHER'S NAME poges hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT pencil be executed within (Yes, na, or unknown) 218-12-6435 File APPROXIMATE INTERVA within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary insufficiency DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave th due to severe emphysema, bilateral rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T certificate. pe should be 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should l 21b. TIME OF INJURY Month, Day, Year HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING ICAL EXAMINER: cremotion. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Poge foctory, office building, etc.) NOT WHILE AT WORK AT WORK L may be retained for FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held on Autapsy X, Inspection X Inquiry X and in my apinian Natural causes Accident . Suicide Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** John G. Ball, M.D. ADDRESS(Street, city, town, or county Be thesda. NAME (Type) 0 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Mar.6,1968 Mt. View Purdum, Md.

ADDRESS

Olin L. Molesworth, Damascus, Md.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

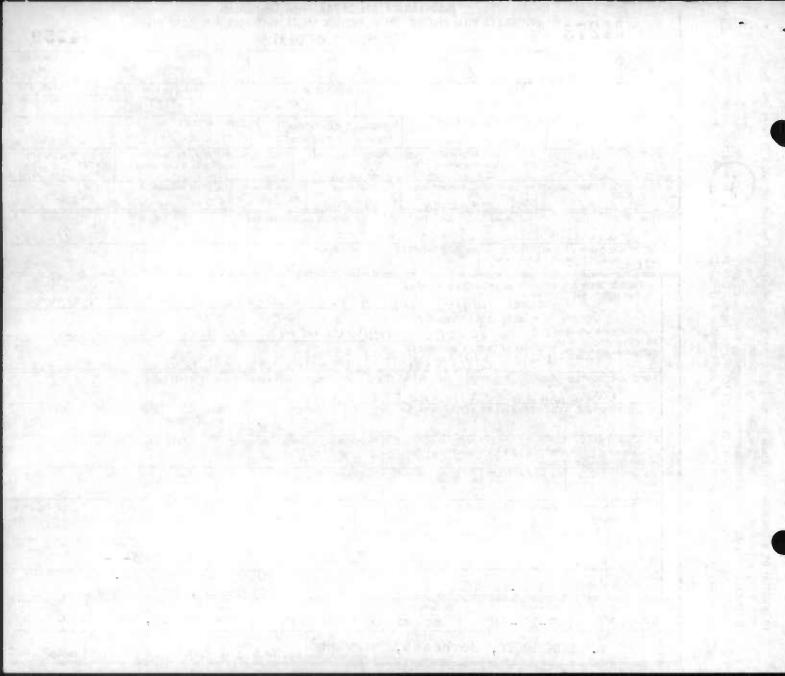
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HEALTH DEPT.		ECEASED-NAME	First		Midd			Last			2a. DATE KI	NOWN		Day Year	2b. HOUR
t de de fis		(ype ar Print)	JOHN			NKLIN		BURRI			DEATH M			28 16	8 8: \$5 _M
delay and 3 mm3 Pa	3. 51	MALE	4. RACE WHITE	5. DATE OF BIR 4-1-20	ATH .	6. AGE (In year last birthday	113	DAYS	HOURS	MIN.	2c. DATE PRO Month	-	PEAD PEAD	Year 168	2d. HOUR 8:35Am
orm of	7o. 8	IRTHPLACE (Stote of Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONT GOMERY							Md.						
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haurs Item 1 Office 1 and 2 after d		ATHER'S NAME	First	Middle		Lost	15. MOT	HER'S MAID	DEN NAME	First		Middle	9		Last
	16a.	WAS DECEASED EV	FRED ER IN U.S. ARMED FO	G.	16b. SOCIAL SECT	RISS	17. INFOR	TIAN		VIR	GIE	ADDRESS		101	NER
within 24 n pencil in Examiner's File pages		es, na, or unknow		or or dates of service)	TOO. SOUNE SEC	JANTI NO.			RECOR	DE	PT.	ADDRESS			
₽ -==		1B. CAUSE OF	DEATH (Enter anly DEATH WAS CAUSED	BY:	he (g) (g), (b), o	Ind (c)	oas,	dia	ida	las	et		1-	APPROXY BETWEEN	STE INTERVAL
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auld be ward "pe he Chief ial-transit		rise to immed	iny, which gove iate cause (a),	(p) (c)	oron	my (sec	elles	cous	de	1	muel	fell	yea	100
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certificate standing the forwarded ta used as a bu smaval, and in	N	PART 2 OTHER	SENIFICANT CONDIT	ions contributi	ING TO DEATH BU	NOT RELAT	ED TO THE TO	erminal di	SEASE OR CO	ONDITION	Cas	ART 1(6)		0	
- e e - e	CERTIFICATION	19a. DATE OF Q	PERATION		19b. CONDITION WAS PERFO		OPERATION						4	20. AUTO	PSY?
生 子 早 。	MEDICAL CER	PRIMARY OF DEAT	R CONTRIBUTING			ay, Yeor 19	21c. HOW	INJURY OCC	CURRED (Ent	er noture	of injury in	Part 1 ar P	art 2, Iten	n 18.)	
EXAMINER: cute the certing age 4 should ryaur files. Page 3 shau. I, crematian,	MED	21d. INJURY OCC	CURRED 21e. PL	ACE OF INJURY (At hame, farm, s	treet,	21f. LOCATI	ON Street o	or R.F.D. No.		City or 1	Town		County	State
cal E) executar. Pagar.			certify that I tai	-	he remains de	/ /		-	psy X,		ection \	, Inqu	anner [and in	my opinion
TY POICA y, please e stal director be retained AL DIRECT prior to bu		ACTUAL	Doll	Peur	71/	Car	b	CHIE	F MEDICAL E	EXAMINER			b. DATE SI	GNFD	
O DEPUTY necessary, if the funeral s may be r D FUNERAL Health price		SIGNATURE EXAMINER'S NAME (Type)	BELO	ne k	0 4	201	24	DEPL	TY MEDICAL	EXAMIN	de la company	3	28	1/19	68
necessal the fune 5 may b TO FUNER Health	23a	BURIAL, CREMAT REMOVAL (Speci		DATE	23c. NA	ME OF CEMEN	ERY OR CREA	11	O PL	4.4	LOCATION (C		40	Caunty)	(State)
al	R	BUTAG.	Ap.	ril 1, 1	1968 92	ADDOCCC	. 1	emet	2So. REC'D		rince			CHAMPE 4	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04259 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR 24 haurs after deoth. death. (Type or print) Month JP. to 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) 10-28.05 male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (ountry) WIDOWED DIVORCED | Indiana) Med 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) physician and completely en please remore carbon 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET AND NUMBER law requires that the death certificate be executed 13b. COUNTY YES NO 5010 the ottending physician one consist permit. Then please remove or removol, and in any 14. FATHER'S WAME 15. MOTHER'S MAIDEN NAME First Burton dward. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no Jar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RIGITY BETWEEN ONSET AND DEATH DAVS VENTRICULAR DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) HYPOVENTI LATION cremat EVERE 1 YEAR rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CKWICK YNI)RONE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) offending p O FUNERAL DIRECTOR: After this certificate has been ATHEROSCLEROSIS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES [NO X of Heolth p be retained by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram DEC, 24, 1944, taMAR 3, 1968, that (I) (we) last saw the deceased alive an 1 MARCLE 1968, and that in (my) (over) apinian death accurred an the date and haur and fram the ploods causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 3-8-68 directar, page 3 should be filed DEGREE DIRECTOR PHYS. 5009 Del Ray Ave. 22e. ADDRESS PHYSICIAN'S G. ANGLE NAME (Type) ROBERT Bethesda, Maryland Rockville, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, BUTT al Rockville Cemetery PUMPHREY, Bethesda, Maryland 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ROBERT A. DATE MAN 30M REV3 / 68



04274

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE O	F DEATH		· ·	4260			
1. DECEASED-NAME	First	Middle	Lost		2o. DATE OF DEATH	Day Van	2b. HOUR			
(Type or print)	Minnie	Anne	BUTLER	?	March Month	19 ⁶⁸	9:25			
3. SEX	4. RACE		5. DATE O		6. AGE (In ye	ors IF UNDER 1 YEAR				
Female	Cauc	easian	Oct.	2, 1889	lost hirthdoy	YRS.	13 1100K3 MIN.			
70. BIRTHPLACE (Stote country) Louisa, V	or foreign 7b. CITIZEN 0	WHAT COUNTRY?	8. MARRIED NEVER WIDOWED D	MARRIED [9. COUNTY OF DEATH Montgomery		M			
10. CITY OR TOWN OF D Bethes	JEATH [1	1. NAME OF HOSPITAL OR IN pive street address) Naval Hospi	STITUTION (If not in hospit tal	ol 120. USUA during me	AL OCCUPATION (Kind of work ost of working life, even if re DUSEWITE		OF BUSINESS OR N/A			
odmission) STATE	(Where deceosed lived, if ins aryland 13b. COUN Pr	titution: Residence before	Beltsville	13d. INSIDE CITY LI YES NO	13e. STREET AND NUM 11463 Cher		₹d.			
14. FATHER'S NAME	First Midd			S MAIDEN NAME F		ddle	Perry			
Yes, ngyo unknown	ER IN U.S. ARMED FORCES? (If yes give war or dates of service	16b. SOCIAL SECURITY			. 202 Beltswa Brien, 11463	Cherry Hi	III Rd.			
Conditions, if ony rise to immediate the under lost. PART 2. OTHER SI	which gove (b), e couse (o), rlying couse (c).	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF Chan	polic im	balans te pu	Lucuary 5 ONDITION GIVEN IN PART 1(0)	ailum 2.	Syles			
190. DATE OF OPER	ATION 19b. CONDITION FOR	WHICH OPERATION WAS PE		UTOPSY?	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING			
21o. ACCIDENT W	CAUSE OF DEATH medical examiner)	P.M. 1	9	OCCURRED (Enter	noture of injury in Port 1 or	Port 2, Item 18.)				
While Not who of work	rk	RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		Street or R.F.D. No.		County	Stote			
22a. I certity saw the causes st	22a. I certify that (A) (this haspital) attended the deceased from Feb. 23., 19.68, ta Mar. 19., 19.68, that (4) (we) lassaw the deceased alive an March 19									
22b. SIGNATURE	Dunn	mML	DEGREE PHY	D	IED. STAFF IRECTOR PHYS.	Mar. 20), 1968			
22d. PHYSICIAN'S NAME (Type)	C. S. CRUMM	y, D		ADDRESS Naval Hos	spital, Bether	sda, Md.				
23o. BURIAL, CREMATIC REMOVAL (Specify REMOVAL)	23b. DATE 3/20/6		CEMETERY OR CREMATOR Cest Cemete:		23d. LOCATION (City or Tow Louisa		(Stote) rginia			

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

901 14th St.,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely find director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, with

OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital or attending physician.

certificate be executed within 24 hours after death.

WITHIN

Hillcrest Cemetery ADDRESS

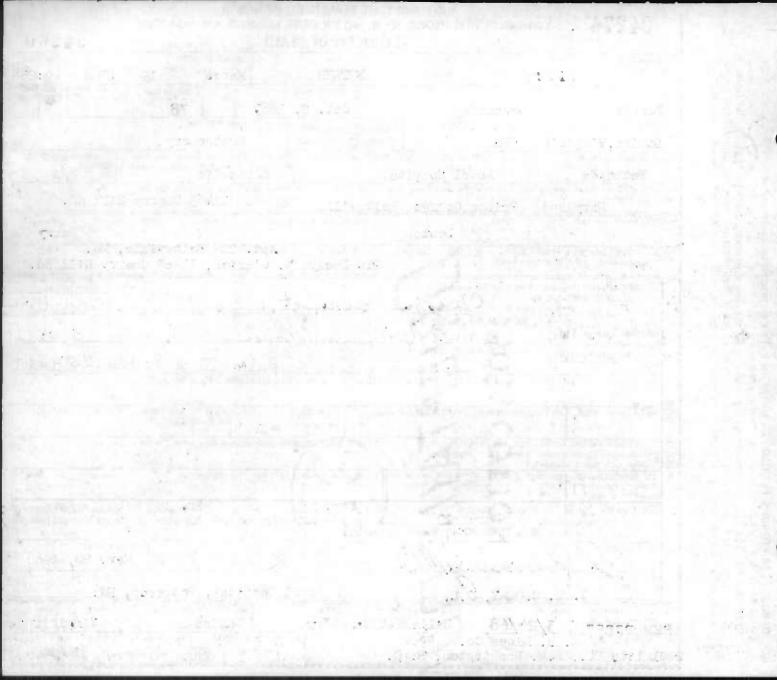
S. H. Hines Co.

N.W. Washington, D. C.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968



funeral

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CERTII	FICA"	TE OF	DEATH

	0100		2 4 6 7				
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re- a. STATE b. COUNTY	sidence before admission)				
/ 1	Montgomery MARYLAND	a. SIMIE B. COUNTY	0				
	b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)				
	write RURAL and give nearest town) Silver Spring	Washington, D.C.					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	l e. IS RESIDENCE				
			DN A FARM?				
0	University Augustus Augustus	1323 Hemlock St. N.W. YES NO					
19	3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month DF DEATH March	Day Year 25 19 68				
2	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8						
2	male white widowed Divorced 8	/20/02 85 yrs.	Days Hours Min.				
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN DF WHAT				
	Contractor		S.A.				
	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME					
	Joseph P. Cain	Sarah Jane McCain					
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
	(Yes, no, or unkown) (If yes give war or dates of service) 577-05-3687 J.		Circle				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	McLean, a.	INTERVAL BETWEEN				
_	PART I. DEATH WAS CAUSED BY: Prebal Turou	inDosis Massive	ONSET AND DEATH				
	1/23 9 IMMEDIATE GROSE (4)	1	1 1				
	DUE TO O CO DOC ACT	erio-sclerosis Um	determine				
	Conditions, If any, which gave rise to immediate		/				
П	DIE TO	umonia	48/119				
	underlying cause last. 3 3 2 / (c)						
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?				
2	Diabetes Mellitus.	paracen DOFU & Arcuities	YES NO				
	The state of the s	RRED. (Enter nature of Injury in Part I or Part II of Rem (8)					
6.	ZOB. ACCIDENT WAS UNDERTYING ☐ ZOB. DESCRIBE HOW INJURY OCCU						
		CE DF INJURY (Home, farm, 2Df. (City or town) (Coun	ity) (State)				
		ry, street, office bldg., etc.)	(State)				
	p.m. 19 at work at work						
	21. I certify that (I) (this hospital) attended the deceased from July 1 1953, to 11/ac25, 1968, that (I) (we) last						
-31	saw the deceased alive on Mar 24 1968, and that death occurred at 2M, from the causes and on the date stated above.						
	22a. SIGNATURE 22b. DATE SIGNED						
	M.D. ATTENDING MED. STAFF War 25, 1968						
,	22c. PHYSIATAN'S NAME (Type) Se L Ball	Silver Spring M	agus .				
	23a. BURIAL, CREMATION, 29b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)				
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY burial 3/28/68 Cedar Hill	Mausoleum Suitland, Md.					
I	24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE				
U	QUIL On 110,000	n man miller					
0	J. T. Mines Co, Wash, D.C	D. DATEMAR 2 7 1968	0				

DATEMAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR / A15 5 (4) 1/65

A STATE OF THE PARTY OF THE PAR The second of the second secon LIFE OF THE STREET,

All whole little- and a man in the little entered to the little and the little an

THE PUBLIC RAME OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

WIDOWED 1

13c CITY OR TOWN

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

Lost

Middle

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Lost

8. MARRIED NEVER MARRIED

S. DATE OF BIRTH

Sent. 15.

DIVORCED |

13d INSIDE CITY LIMITS?

NO

YES A

20. DATE OF DEATH

9. COUNTY OF DEATH

Montgomery

12a. USUAL OCCUPATION (Kind of work done

during most of working life, even if retired.)

Government (lerk

6. AGE (In years

lost bighdoy)

13e. STREET AND NUMBER

04262

12b. KIND OF BUSINESS OR

LE UNDER I YEAR

INDUSTRY

2b. HOUR

IF UNDER 24 HRS

haur papers signed by the attending physician and completely filled burial-transit permit. Then please remave carban pape law requires that the death certificate be executed within any crematian, ar remaval, as the priar tak has been use Health be retained by the haspital or OR ATTENDING PHYSICIAN: Dept. af I detached State [directar, page 3 shauld shauld be filed with the 04276

First

Mario

13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before

4 RACE

White

13b. COUNTY

7b. CITIZEN OF WHAT COUNTRY?

give street oddress)

ontamenu

DECEASED-NAME

(Type or print)

Gemale

7o. BIRTHPLACE (State or foreign

luer Sprina. Md.

First

Sountry) oughkeensie.

10. CITY OR TOWN OF DEATH

admission) STATE

14. FATHER'S NAME

3. SEX

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 30M REV. 1/68

1S. MOTHER'S MAIDEN NAME First Brank Rieser 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) 578-26-5576 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN DISSET AND DEAT PART I. DEATH WAS CAUSED BY Coronary Thrombosis with Infarction IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Senilitu 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INIURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceosed from 12a, 15, 1957, to March 21, 1968, that (I) (we) last 30 saw the deceosed clive an March 21, 1968, and that in (my) (aur) apinion death occurred an the date and haur and from the am causes stoted above, (i) (we) (did) (did not) view the body ofter death. 9:00 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 200 Pershina 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION. REMOVAL (Specify) State of Heaven cemetery 1968 25o. PY 24. FUNERAL DIRECTOR Silver Spring. wwwhrey. Inc. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04263 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Year CARTER BERTHA ELIZABETH 68 S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. 4 RACE 6. AGE (In veors 3. SEX lost birthday) MONTHS HOURS FEMALE 11-22-07 WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) NEW YORK USA MONTGOMERY WIDOWED [DIVORCED X7 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR during most of working life, even if retired.) give street address)
MONTGOMERY INDUSTRY OLNEY GENERAL RETIRED NAVY DEPT. 13e. STREET AND NUMBER 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13b. COUNTY NONE HOWARD RYLAND DAYTON 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle CORA Louis J. LONG JOHNSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) MEDICAL RECORDS DEPT. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(6) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY2 CAUSES OF DEATH? YES ID NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 3/3, 1957, ta 3/28, 1967, that (I) (we) last saw the deceased alive on 3/2, and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED 22b. SIGNATURE Charles S. Whiraker, B. D. DEGREE ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS NAME (Type) CHARLES S. WHITAKER, M. D. CLARKSVILLE. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County)

MTVIEW

Ellicott City, Md

25a. RECO BY REGISTRAR

DATE

YOWARD

1989. REGISTRAR'S SIGNATURE

requires that the death certificate be executed within please remove corbon en permit. burial-transit the hos been O FUNERAL DIRECTOR: After this certificate for be retained

puo

24 hours after death.

VR A15 30M REV. 1/68 23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Higinbottom-Slack

AND THE RESERVE AND THE PARTY OF Transfer services A shall CONTROL OF THE PARTY OF THE PAR A Committee of the comm Self-relieve of the self-r

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04278 04264 CERTIFICATE OF DEATH 2n. DATE OF DEATH Middle 2b. HOUR DECEASED-NAME (Type or print) DATE OF BIRTH 3. SEX 6. AGE (In years haurs after requires that the death certificate be executed within 24 hours after last birthagy) signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs aft MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED IL NEVER MARRIED and in any event, within 72 DIVORCED [12a. USUAL OCCUPATION (Kind of work-done 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY give street oddress) during most of working life, even if retired.) PRINA D. MERCHWAP 13a. USUAL RESIDENCE (Where deceased live), if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY 3e. STREET AND NUMBER IS. MOTHERS MAIDEN NAME First 14. FATHER'S NAME Middle SAMUEL CHANE WOOD MAR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 78-26-1755 MARGARET GEORGE CSAME APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)

rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceosed from 1967, to many 23, 1967, that (I) (we) lost saw the deceosed alive on 2219 s, and that in (my) (our) opinion death accurred an the date and hour and fram the January 1967, to march 23, 1967, that (1) (we) lost couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 229 ADDRESS 22d. PHYSICIAN'S NAME (Type)

physician. attending | for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the chand he filed with the State Dept. of Health priar ta be retained by the haspital or VR A15 (4) 30M REV. 1/68

23a. 8URIAL, CREMATION, REMOVAL (Specify)

23b. DATE -68 23c. NAME OF CEMETERY OR CREMATORY SACRED HEART **ADDRESS**

23d. LOCATION (City or Town) WHITE MARSH

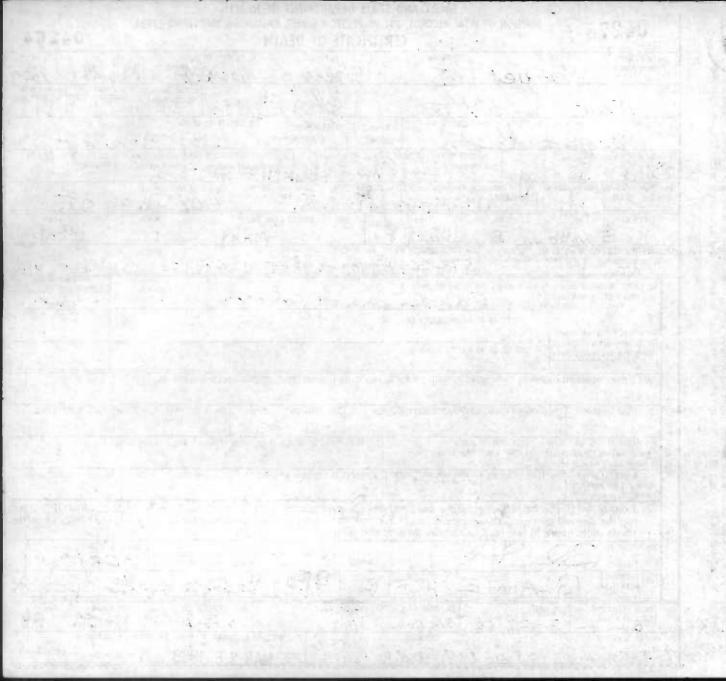
24. FUNERAL DIRECTOR

2So. REC'D 8Y REGISTRAR DATE

(County)

(State)

MD



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death

Page 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon pables behold be filled with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within X

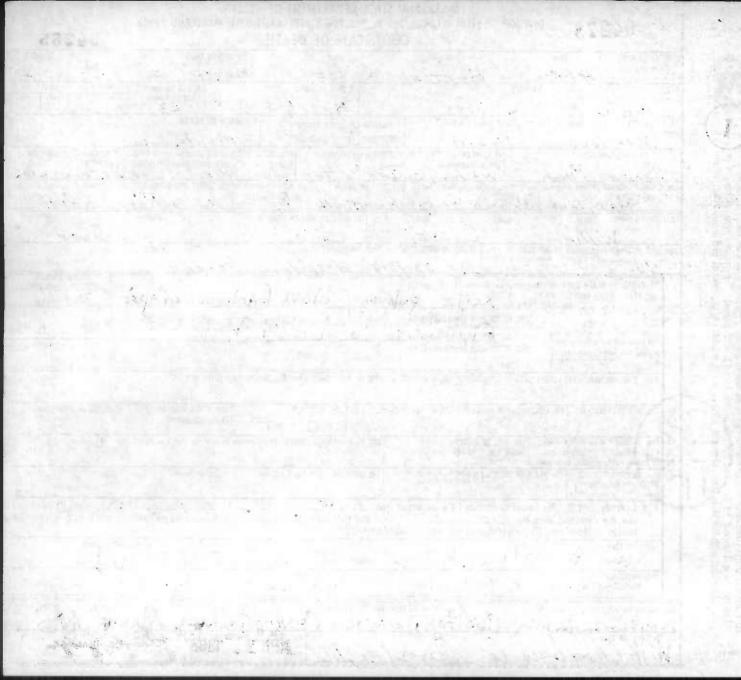
30M REV 68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRT	IFICATE	OF DEATH	

	First		Middle	,	Last		Manak	0.	V	2b. HOUR
ype or print)	7/ton	Bu	RTON	6	55E/	MA	RCH	26 004	1968	5-4-M
X			767675				6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Mnlo		11/6:40			Muna 1 3	190	lost birth	ndoy)	MONTHS DAYS	HOURS MIN.
	oreign 7h		NTRY2 8.44	ADDIED FEE			TY OF DEATH	1 IK3. 1		
itry)			In			7. 1001				
						LIAL OCCUP			Kal KIND OF	Md.
ITY OR TOWN OF DEA				IUN (IT nat II	during r				INDUSTRY	BOZINEZZ OK
	PARK	WASA	ington)	47. 3	1705p 1/16	2e - Po	Res. CUI	umhi	WITKE	N WORK
	ere deceosed		idence before 13c.	CITY OR TO			3e. STREET AND N	UMBER		
MARY	Innd	PRINCE C	reakge H	MAHS	ville 165	NU	102 31	K199	25 Re	40
ATHER'S NAME F	irst	Middle	Yost	15. M	OTHER'S MAIDEN NAME	First		Middle		Last
1/1/	liam	P. C	SSEL		Tola				KAND	1.42
WAS DECEASED EVER	IN U.S. ARMED			17. INFO	RMANT			Address	N. P. N. C.	
es, no, ar unknown)	(If yes give war or		8-13-19	VI	Hasnifal	Ĩ.	2			
		12-7		A	(csp), a)		CENT	-		MATE INTERVAL
18. CAUSE OF DEAT	MAC CALLERD D				1			L-ali		ONSET AND DEATH
I AKI I. DOMIN	IMMEDIATE	CAUSE (o) ACU	e Pulm	PANIAGO	ed ema l	CATA	OVAS, CO	III DES	30	MINS
4/29		DUE TO, OR AS A CO	NSEQUENCE OF				•			
		on Arter	ios clevetic	CA	raio vascula	r du	sance.	82233	10	UYS.
										1
last.)	(c)								
PART 2. OTHER SIGN	FICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	HE TERMINAL DISEASE OF	RCONDITION	N GIVEN IN PART	l(o)		
4231										
190 DATE OF OPERATE	ON 196 CO	IDITION FOR WHICH OPE	RATION WAS PERFORE	MFD	200 AUTOPSY2	-	20b. IF YES. WERE	FINDINGS CO	ONSIDERED IN C	ERTIFYING
Tra. Sale of Oreitali		DIMON FOR WINCH OF E	Artifoli III et Etti otti							
21a ACCIDENT WAS	LINDED! VING	TOTAL OF INITID	,	Tale HOW			of injury in Dort 1	or Part 2 1	tom 10 \	
				ZIC. HOW	INDOKT OCCORRED (EIII	iei ildiole i	or injuty in ron i	ui run 2, 1	Telli 10.)	
(If either, natify med	lical examiner)		19							
21d. INJURY OCCURR	ED 21e. PL/	ACE OF INJURY (AT HOME	FARM, STREET, FACTORY, BUILDING, ETC.	21f. LOCA	TION Street or R.F.D. N	No.	City or Town		Caunty	State
at work of wark							100			
22o. I certify th	ot (I) (this	haspital) attended	the deceosed fr	om_By	19. 19.	()	O MAVCh	Zk, 19_	68_, tho	(I) (we) last
saw the de	ceased oliv	OU WILLACH	21 1945	5, and t	hot in (my) (our) o	pinion de	eath occurred	on the da	te and hour	ond from the
	ed obove, () (we) (did) (did no	ot) view the body	after dec	ath.					
	11 12	19.1	1 . 2		ATTENDING NO	MFD.	STAFF	22c.		
laners	10. 1	My Commers	MID	DEGREE	PHYS.			U 31	2668	100
22d. PHYSICIAN'S NAME (Type)	Robert	A. McC	-ormic V			rett i	EL Hy0	llivett	e m	19.
	23b. DAT	E/	23c. NAME OF CEME	TERY OR CR	EMATORY	23d. 1	OCATION (City or	Tayın)	(Caunty)	(State)
	991			,	// .	Ch	LMAR	MAK	LOR Y	NN
	1	0	ADDRESS	, , ,		BY REGIST	RAR 2Sb.	REGISTRAR'S	SIGNATURE	4.7
NW. 16		11/1	(Slines 1	1.1.	m. A MAPI	1 T-	1968	May	ces yes	7
	ITY OR TOWN OF DEAT USUAL RESIDENCE (WH ssion) STATE ATHER'S NAME ATHER'S NAME FATHER'S NAME FATHER'S NAME FATHER'S NAME OR CONTRIBUTION IB. CAUSE OF DEATH PART I. DEATH IV Conditions, if any, we rise to immediate a stating the underly last. PART 2. OTHER SIGN 19a. DATE OF OPERATION 21a. ACCIDENT WAS OR CONTRIBUTING CITY OF CURR While ON TOWN WHILE OF OPERATION 21d. INJURY OCCURR While ON While OF OPERATION OF CONTRIBUTION 21d. INJURY OCCURR While ON TOWN WHILE ATTENDATION OF CONTRIBUTION OF CONTRIBUTION 21d. INJURY OCCURR While OF OPERATION OF CONTRIBUTION OF CONTRI	SIRTHPLACE (Stote or foreign The story of t	A RACE A RACIC A RACI	A RACE A RACE	A RACE A RACE A RACE S.	A RACE S. DATE OF BIRTH	A RACE A RACE S. DATE OF BIRTH	A RACE S. DATE OF BIRTH	A RACE S. DATE OF BIRTH S.	Year of print A Tank A RACE S. DATE OF BIRTH S. DATE OF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04266

(Type or print)	rst Middle	Conle		DATE OF DEATH 3 Manth 22 Do	Y CS/Year	2b. HOUR
3. SEX Female	4. RACE WhiTe	S. DATE OF	BIRTH 11-28-95	6. AGE (In years lost birthdoy) 7 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (Stote or fareign cauntry) Main e	7b. CITIZEN OF WHAT COUNTRY?		ORCED	Mon't gome	ry Co.	Md.
	11. NAME OF HOSPITAL OR IN give street address) Ho	14 Cross	during mast af	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF I	JARITIME
odmission) STATE md	eosed lived, if institution: Residence before 13b. COUNTY munt,	SILVERSPR		10121 Pres	ce Dri	ul
14. FATHER'S NAME First EDWARD 160. WAS DECEASED EVER IN U.S. / A'95, no, or unknown) (If yes gi	Middle Lost P CONLES ARMED FORCES? Verwar or dates of service) Middle Lost Lost On ALES	NO. 17. INFORMANT	MAIDEN NAME First CATHE HEINE M	RINE LO Address	ONEY	Last
Canditians, if any, which gover is a immediate couse (costoting the underlying caulost.	DUE TO, OR AS A CONSEQUENCE OF	me / 60	NAL DISEASE OR CONDIT	Malaslago ION GIVEN IN PART 1(a)	SE IWEE ON	SET AND DEATH
190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AU	./	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
ਤੂ □ OR CONTRIBUTING □ CAUSE OF I	DEATH HOUR A.M. Month Doy Year	9		e of injury in Port 1 or Part 2, City ar Tawn	Caunty	Stote
22a. I certify that (I)	(this haspital) attended the decease I alive an however ave, (1) (we) (did) (did nat) view the	19 6 Land that in (my) (aur) apinian	ta 12 Month 19 death accurred an the do	that and have o	
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	am Day	DEGREE ATTEN PHYS. 22e. A	DING MED. DIRECTO	STAFF C	DATE SIGNED	8
230 BURIAL, REMATION, REMOVAL (Specify)	16. DATE 26 1968 mar, 26 1968 mi	CEMETERY OR CREMATORY	Cem 1	LOCATION (City or Town)	(County)	(Stote)
24. FUNERAL DIRECTOR	n DE TOL ADDRESS	222 Was au	250. REC'D BY REG	ISTRAR 19685b. REOUSTRAP	SIGNATURILLE	ge.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

Haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04267 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-1968 DEATH MATED Robert Cooke delay 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last hirthday) HOURS Menth Doy male white 1968 Depar 7o. BIRTHPLACE (Stote or foreign MARRIED SEVER MARRIED 9. COUNTY OF DEATH arm country) United States Montgomery WIDOWED DIVORCED D. C. Item 18. Give Pages the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR along with give street oddress)Holy Cross Hospital refrig. mechanic MODUSTRY. Regrigeration Silver Spring with death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 'odmission) STATE Md. 13b. COUN Montgomery YES T-NO Wheaton Glenmont Circle hours land 2 after Middle 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Lost Warren Spurgeon Cooke Nancy Paul .= Examiner's haurs pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) No Brother/James/4314 Judith St Rockville Md E .= within 18. CAUSE OF DEATH (Enter only one couse per permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE event DUE TO. OR burial-transit Conditions, if ony, which gave rise to immediate couse (a). any This certificate shauld writing the ward stoting the underlying couse the 2 farwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 as remaval used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe shauld be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL crematian, DICAL EXAMINER: 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home Street or R F Your Page NOT WHILE Page AT WORK burial far FUNERAL DIRECTOR: 22a. I certify that I took charge af the remains described obove, held on Autopsy directar. retained death resulted from Natural causes Suicide X Undetermined manner ta CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED funeral pe SIGNATURE necessary, O DEPUTY **EXAMINER'S** may Health the 0 BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) DAMAR 1 3 19 Ave.

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

04268

	ECEASED-NAME	First		Middle		Lost		20. DATE OF			2b. HOUR
((ype or print)	LINDA		B.		COX		MARCH	Month 4)Y1968	330AM
3. SI	X		4. RACE		100	S. DATE OF BIRT	Н		6. AGE (In yeors	IF UNDER I YEAR	IF UNDER 24 HRS.
F	EMALE		CAUCAS	TAN		AUGUST	13. 19	945	lost birthdoy)	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WH		B. MARRI	ED NEVER MARRI		COUNTY OF			
coul	MARYLA	ND	USA		WIDOW		_	MONT	COMERY		Md
0. (ITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION	(If not in hospital		OCCUPATION	(Kind of work done		BUSINESS OR
E	ETHESDA		give st	reet oddress) NAV	AL HO	OSPITAL	during most	CHETA	life, even if retired.)	INDUSTRY	RIVATE
	TATE		I say country	on: Residence before,	V		d. INSIDE CITY LIMIT	1.001.011	REET AND NUMBER		
am	ission) STATE	ARYLAND	13b. COUNTYST	MARY'S	LEX.	INGTON PA	HE NO	30	8 SWANEE	PLACE	
4.	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MAIL	DEN NAME First		Middle		Lost
		G.	W.	BOURNE		2015	MAF	RIAN		PO	WELL
160	WAS DECEASED EV	ER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N	NO. 1	7. INFORMANT	75		Address	LEXINGTO	ON PARK,
N	es, no, or unknown) (iii yos girte wai	or cores or service)			CHARLES	D. COX	308	SWANEE PL		MD.
	1B. CAUSE OF D	EATH (Enter only		e for (o), (b), ond (c).					,		MATE INTERVAL DNSET AND DEATH
	PART I. DEA	TH WAS CAUSED	BY: E CAUSE (o) ACT	TE MITRAL	VALV	JLITIS					
	394.	9		S A CONSEQUENCE OF		No. of London					- 1
	Conditions, if on		(b) E	DISSEMINAT	ED S	YSTEMIC T	HROMBOS	SIS			
	rise to immedio stoting the unde		DUE TO, OR A	S A CONSEQUENCE OF							
	lost.)	(c)								
	PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATE	TO THE TERMINAL	DISEASE OR COM	IDITION GIVE	N IN PART 1(o)		
N	410 x										
CERTIFICATION	190. DATE OF OPER	ATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
RTIFI	R. S.	34.		- 1200		YES X	NO 🗌	CAUSES	YES YES		
-	210. ACCIDENT W		21b. TIME OF HOUR A.M.	INJURY Month Doy Year	210	. HOW INJURY OCCU	RRED (Enter n	oture of injur	ry in Port I or Part 2,	Item 1B.)	7-17
MEDICAL	(If either, notify	medicol exomine	r) P.M.	19				455			
×	21d. INJURY OCC While Not w	URRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 211	LOCATION Street	or R.F.D. No.	City	or Town	County	Stote
	at work of wa	ork									
	22a. I certify	that (A) (this	haspital) atte	nded the decease	ed from.	PEBRUARY	1219_68	3_, ta_M	ARCH 4, 1	9 <u>68</u> , that	(IX(we) last
	saw the	deceased ali	ve an Martur	didnot) view the	hadvaft	and that in (1994) or death	(aur) apini	an death o	iccurred an the d	ate and haur	and fram the
	22b. SIGNATURE	A	M (we) (did) (Charles I Alex IIIe	budy un	er dearn.			220	DATE SIGNED	
	01	1 Soul	/ (D	EGREE PHYS.	☐ MED	CTOR -	STAFF PHYS.	. 57112 5151125	
	22d. PHYSICIAN'S	1000		1 4						TADVI ANT)
1	NAME (Type)	R. D.	GASKINS			NAVAL	HOS I	AL. B	ETHECDA. 1	MARILANL	
230.	BURIAL, CREMATIC)N, 23b. DA	NTE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATIO	N (City or Town)	(County)	(Stote)
B	OFMOVAL (Specify URIAL)	Mar	ch 4. 19	68 STANT	ON C	EMETERY		STANT		SSEE	
			Coulor	Sons Fune			So. REC'D BY	REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	es.
				Sons rune		TOTHE	DAMAR	8 198	8 filias	and and	3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 NOUIS after death.

Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funded director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours/ Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		CEASED-NAME First Fannie	Letitia C	rittend		DATE OF DEATH Month 19 Da	y GB Year	26. HOUR 6 30 PM
	3. SE		W	S. DATE OF	-6-70	6. AGE (In years lost birthday) YRS.		UNOER 24 HRS. OURS MIN.
	Cour	Thensburg CulpeperCo V		ARRIED NEVER M	ORCED	Montgomery	/	Md.
90	B	or town of death Beltresda-	11. NAME OF HOSPITAL OR INSTITUTI give street oddress)		during mast of	UPATION (Kind of work dane warking life, even if retired.)	12b. KIND OF BUS INDUSTRY	SINESS OR
47	admi		nstitution: Residence before 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 2730 Wisco	nsin Av	e. N.
3	14. F	ATHER'S NAME First Mic	4 STOUT.	11/21		Hon Davis	S	Last
		WAS DECEASED EVER IN U.S. ARMED FORCES? es ng, or unknown) (If yes give war ar dates of serv	16b. SOCIAL SECURITY NO.	17. INFORMANT	Crittene	fec-2730 ll		
		18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Murezydia	1 Dec	ceneration	<u>-</u> й	APPROXIMATE BETWEEN ONSET	
		Conditions, if any, which gove)	OR AS A CONSEQUENCE OF ATTERIOSCI				5 yr	+
		rise to immediate cause (o). stating the <u>underlying couse</u> last.	OR AS A CONSEQUENCE OF				104	v 7
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CON $+200$	TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)		
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FO	OR WHICH OPERATION WAS PERFORM	MED 20a. AU YES [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTI	IFYING
	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR	P.M. 19			e of injury in Part 1 or Port 2,	Item 18.)	
	ME	at wark ot wark	JURY (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.		,	City or Tawn	County	Stote
		220. I certify that (1) (this haspital sow the deceased olive an causes stated above, (1) (***)	attended the deceosed from 19 (did) (did not) view the body	om, and that in (after death.	<u>≮ O</u> , 19 my) (ο υ τ) opinion	to3-/9, 19 death accurred on the d) <u>68</u> , that (I ote ond hour an) (we) los d from the
Ē		226. SIGNATURE J Phrs 1	Batu mi)	DEGREE ATTEN	DIRECTO	STAFF -	DATE SIGNED	
1	,	22d. PHYSICIANS NAME (Type) NYRTH T	POST BAKER	22e. A	DDRESS HAR	VARDST.	20009	
	23a.	BURIAL, CREMATION, REMOVAL (Specify) 3/22/6	23c. NAME OF CEMET			LOCATION (City or Town) Prince Geor	((State)

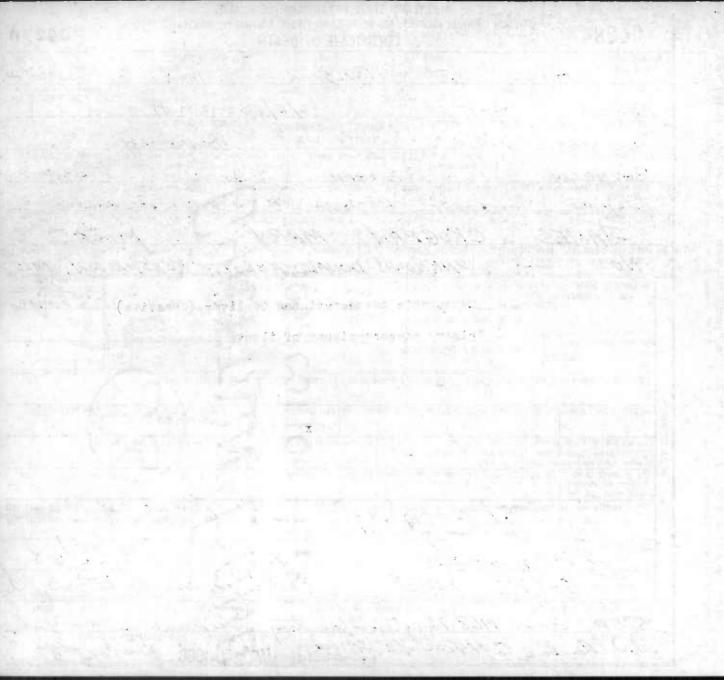
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Manual Sanger of New York Co.

VR A15 (4) 30M REV. 1/68



First

har

4. RACE

7b. CITIZEN OF WHAT COUNTRY?

04285

DECEASED-NAME

(Type or print)

male 7a. BIRTHPLACE (State or foreign

3. SEX

MARYLAND STATE DEPARTMENT OF HEALTH

Middle

Jerman

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Last

S. DATE OF BIRTH

3-4-1886

2a. DATE OF DEATH

9. COUNTY OF DEATH

AGE (In years last birthday)

Sr.

				_
- 675	2,	2	7	20
17	-	del	- 4	36.

Year

6 8

IF UNDER 1 YEAR

MONTHS

2b. HOUR

IF UNDER 24 HRS

HOURS

45

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	
Page 4 may be retained by the hospital or attending physician.	
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	
director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2	1
should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	
904	

8. MARRIED NEVER MARRIED country) mary land USA WIDOWED | DIVORCED [montgomer 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind¹ af wark dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) Wheaton 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES 🔽 NO Washington 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Culler Jane Wiles William L Ballery Laure 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, orunknawn) (If yes give war or dates of service) 07 8047 Charles H. Culler, Jr. Bethesda, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO, OR Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO Ex 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 1-29, 1968, ta 3-1, 1968, that (I) (we) last saw the deceased alive an 2-27, 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNAJURE 22c DATE SIGNED ATTENDING STAFF PHYS. directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Myron 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) .1968 Lutheran Cemetery Middletown. Frederick Md 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4). 1968 Victoria MAR 30M REV. 1/68-DATE M. R. Etchison & Son, Frederick, Maryland

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AND THE STATE OF

SICIAN: The law requires that the death certificate be executed from 24 hourspital or attending physician.

ertificate has been signed by the attending physician and completely filled in by the use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 rior to burial, cremation, or removal, and in any event, within 72 hours after death

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/ De r	L DIRECT	e 3 should l	the State D	
death. Page	TO FUNERA	director, pag	be filed with	
	VR 15	A SM	15 7-	62

2 ATTENDING PHYSICIAN:

TO HOSPITA

VR	A15	(4)
15	M 7	-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04272 04286

a. COUNTY			nstitution: Residence before edmission)			
Montgomery	* STATE Maryland b. COUNTY Montgomery					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
Bethesda	Yrs.		Bethesda			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	Decliesda	e. IS RESIDENCE		
5400 Pooks Hill Rd.		5400 Poc	ks Hill Rd.	YES NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year		
(Type or print) FLORENCE		DANIEL	DEATH MAR	CH 18 1968		
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years)			
Female White WIDOWE	DIVORCED [Jan. 20,187	9 89 yrs.	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife		N. Caro	lina	U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME			
Unknown		Cora Ja	ackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	THE RESERVE OF		
(Yes, no, or unkown) (Ifyesgive wer or detes of service)	NONE Mis	s Etheleen	Daniel Sa	me asitem #2		
18. CAUSE OF DEATH [Enter only one cause per li				I INTERVAL BĚTWEEN		
		RREST		ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:	VUIAC PI	INCS!		131.114		
4/24 DUE TO		0 11=	10- 211-1	5 = 10 400		
	TERVOSCLE	ROTTE ME	AKI UISEA	JE PRI		
geva rise to immadiate cause			1 = 0 0	1 = 114		
(a), steting the underlying Succession (c) GEN	VERALIZED	ART ERIOSC	LEROSIS	15 YRS		
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY		
14200 NONE				YES NO		
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED). (Enter nature of injury in P	ert I or Pert II of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH						
		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (State)		
Hour a.m. While et worl						
21. I certify that (I) (this hospital) attended	ded the deceased from.	JANUAPY 1	19.66, 10 MARCH (19.66, that (I) (We) last		
saw the deceased alive on MARCH	2 19.6.8, and that	death occurred at/23	M, from the causes a	and on the date stated above.		
220. SIGNATURE				, 22b. DATE		
Whinn tolo	ma "		IRECTOR PHYS.	3/18/68 SIGNED		
22c. PHYSICIAN'S	11	22d. ADDRESS		0		
NAME (Type) THEMAS F. O	"CONNOR M	10 8218 W	ISCONSIN AVE	, BETHESDA, MD		
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county) (Stete)		
Burial 3/21/68	Woodlawn C	em.	Greenville	, S. C.		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. REC	D BY REGISTRAR 254 REC	GISTRAR'S SIGNATURE		
Robert A. Pumphrey	Bethesda, Ma		LAD O C TURK	The state of the s		
		DAIL IV	10 000			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CFR'	TIFI	CATE	0	F DEA	TH

Ę.	_ 74	1 1		CEASED-NAME	First		Middle	-	Lost		20. DATE OF				2b. HOUR
death	l and l		(1	ype ar print)	ANKIE.				0000	,	MAR	Manth	ey Y	Par	17:00 M
	5	/	3. SE	X	4. RAI	CE		13	. DATE OF BIR	RTH	11.111	6. AGE (In years	IF UNDER	1 YEAR	IF UNDER 24 HRS.
at /	- 8 to			_					. 1	198		lost birthdoy)	MONTHS	DAYS	HOURS MIN.
7	Page of other			emale	71 (1717	ZEN OF WHAT	SYNTHUS	0			COUNTY OF	DEATH YR	5.		
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24	200			md.		4.8	A	WIDOWED >	3			gomery	Co	un'	ty Md.
within 24 haurs-after	filled pape thin 7	10	1D. C	ITY OR TOWN OF DEATH		11. NAM	E OF HOSPITAL OR INS	TITUTION (If nat	in haspital			(Kind of work don			USINESS OR
if	¥ na wit	6	S	ilver. So	RING	HO!	et address)	Hospit	10.	Hor	sewife	life, even if retired	11100.	ואונ	
>	arb nt,			USUAL RESIDENCE (Whe				13c. CITY OR T	OWN 1	13d. INSIDE CITY LIM	175? 13e. STI	REET AND NUMBER			
ute	campletely filled ave carban par y event, within	47		SSHINGTON -	13b.	COUNTY T	oc. V	D.C		YES NO	149	110 KAN	SAS	Aue	. N. W
that the death certificate be executed an.	and campletely fremave carban any event, with	3		ATHER'S NAME Fire	1	Middle	Lost	15.	MOTHER'S MAI	IDEN NAME Fir	st	Middle		110	Lost
9				Will		A.	Johnson					C.	D.o.	11ma	
9	sician please I, and i		160	WAS DECEASED EVER IN			6b. SOCIAL SECURITY I		ORMANT	Ne	llie	Address	DC	TILL	111
icat	physician en please aval, and	1.7		es, no, or unknown)	(If yes give war or dates o	of conical				vr In	1/0		- Da	Chi	1 W.1
Œ	attending phys permit. Then p ian, ar remaval,			No			579-16-8	6/3 Lec	r. Da	III, JI	· 140	o Legatio	n Ka		TE INTERVAL
9	EL E			18. CAUSE OF DEATH		ouse per line	(c).	cany.		1 1	0 /	1_	81		ET AND DEATH
t Da	attendi permit. ian, ar r	-55		PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE	E (0)	lcute	My	ocar	dial	Luga	selen	, 0	Med	den
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uire	gne uria			PART 2. OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTION					NDIMON GIVE	N IN PART L(a)		1	
req	e bi		16	4201				anni	1 TU	upin	1	e en)	10	294	u
W din	th art		CERTIFICATION	190. DATE OF OPERATION	1 195 CONDITIO	N FOR WHICH	HOPERATION WAS PE	1	20a. AUTO9	11		YES, WERE FINDING	CONSIDERE	D IN CFR	TIFYING
ten	as as	19	FIG	170. DAIL OF OFERALIO	176. CONDINO	MIOR WINCE	TOTERATION WASTE	KI OKIILD	YES 🗆	NO IZ		OF DEATH?	CONSIDENT		
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AN	icat for Hec		_	OR CONTRIBUTING C		b. TIME OF I	Manth Doy Year	ZIC. HOV	Y INJURT OCCU	UKKED (Enter	nature of inju	ry in Port 1 or Part	z, irem 18.)		
D to	of the		MEDICAL	(If either, natify medic	al examiner)	P.M.	19								
1YS	cherche		W	21d. INJURY OCCURRED	21e. PLACE Of	FINJURY (A	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street	t or R.F.D. No.	City	ar Tawn	County	1	State
P e	this detce		10	While Nat while at wark	J			/	11		11 1	311	11	/	
NI >	tat			22a. I certify tho	(I) (this does	Ital) gitten	ded the deceose	ed from ==	45/	, 196	a , to 9		968	, that i	I) (we) last
20	d to			saw the dece	eased alive an	2	14/_1	& and	that in (my	y) (our) apin	ion death o	occurred on the	dote ond	hour o	nd from the
TE	P +				d above, (I) (w	ve) (did) (d	id nat) view the	bady offer de	eath.						
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Page	o FUNER director, shauld b	0	230.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF					ON (City ar Tawn)	(Count	ty)	(Stote)
00	9.94	1.		REMOVAL (Specify) Burial	March	18. 1	1968 C	edar Hi	11		S	uitland M	d.		
		(S)	24.	FUNERAL DIRECTOR			ADDRESS	Mag Paris		2So. REC'D BY		2Sb. REGISTRA			
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	04288				(CERTIFICATE OF DEATH				0	4274		
	EASED-NAME	First			Middle		Lost		2a.	DATE OF DEATH	D=	V	2b. HOUR
ЦУ	pe ar print)	annie	117		M		Davies			March	28Y	1988	A
3. SEX			4. RACE				S. DATE OF			6. AGE (In last_hirth	years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS
	male		Why	ite			Oct.	11, 18		/9	YRS.	MONTHS ONTS	HOURS MIN
7a. Bl	RTHPLACE (State or fo		7b. CITIZEN O	F WHAT CO	OUNTRY?	8. MARRI	ED NEVER MA	RRIED		INTY OF DEATH			
	Indiana		- (184		WIDOW		ORCED _		ontgomery			٨
	Y OR TOWN OF DEAT			11. NAME O	F HOSPITAL OR INS		If not in hospital	1 1 1		UPATION (Kind of warking life, even if		12b. KIND O INDUSTRY	F BUSINESS OR
	SUAL RESIDENCE (Whosian) STATE Ma	ere deceose	d lived, if ins 13b. COUN	stitutian: R TY Mon	esidence before tgomery		or town Spr.	YES X	LIMITS?	13e. STREET AND NI		, Wood	Drive
14. FA	THER'S NAME F	les	Midd	lle	Davies		1S. MOTHER'S	MAIDEN NAME Ada			Middle	Wol	lost fe
16a. \	NAS DECEASED EVER (s, no, or unknown)		ED FORCES? Ir or dates of service		SOCIAL SECURITY I 6-50-16		7. INFORMANT Charle	1. H. D	avie	es. 12,115	Address Will	low Woo	od Dr.
	8. CAUSE OF DEATH			er line far	(a), (b), and (c).) 0	,	1 .1	7				CONSET AND QUATH
	PART I. DEATH V		BY: TE CAUSE (o) .	Con	geofic	The	earl.	pail	ur	e	4.6	20	eeke
	402	X	DUE TO,	OR AS A C	ONSEQUENCE OF	1.1	1.	+				0 14	
	Conditions, if any, wi rise to immediate c		(b).	140	etoryo	7 a	yper	exer	On_			27	ears
	stoting the underlyi		DUE TO,	OR AS A C	ONSEQUENCE OF		0						
	PART 2. OTHER SIGNI	FICANT CON	(c)	DIBITING	TO DEATH BUT NO	OT DELATE	TO THE TERMIN	AL DISEASE OF	CONDITI	ON CIVEN IN DART 1.	(a)		
	143X	TICALLI COLL	onions com	KIDOTINO	TO DEATH DOT IN	OI KELMIEL	7 TO THE TERMIN	ne disense of	CONDIT	OR OFFICE IN TAKE	(0)		
CERTIFICATION	90. DATE OF OPERATION	ON 19b. C	ONDITION FOI	R WHICH O	PERATION WAS PE	RFORMED	20a. AUT			20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS CO	NSIDERED IN	CERTIFYING
	la. ACCIDENT WAS		2.0.	AE OF INJU		210	. HOW INJURY O	CURRED (En	ter noture	e of injury in Port 1	ar Port 2, It	em 18.)	
	or contributing [] of either, natify med			A.M. Mo P.M.	nth Day Year								
	21d. INJURY OCCURR While Not while It work	ED 21e. I	PLACE OF INJU	JRY (AT HO	ME, FARM, STREET, FAC BUILDING, ETC.	TORY,) 211	LOCATION Str	et or R.F.D. N	la.	City or Tawn		County	State
	22a. I certify the saw the de	at (I) (this ceased ali	s haspital) ive an	attende	d the decease	ed fram. 9.6.8,	and that in (r	8 , 19 ny) (aur) a	pinion o	ta <u>rran</u> death accurred a	in the dat	e and havi	t (I) (we) la rand fram th
	Causes state	ed abave,	(I) (We) (C	ala) (ala	nat) view the	bady att	er death.		1		1 22. D	ATE SIGNED	
	John	nh	1. a	nd	rew	MA	EGREE PHYS.	Ш	MED. DIRECTO	R STAFF PHYS.	3-	26-	-68
	22d. PHYS/CIAN'S NAME (Type)	oli	N.	AMO	Ireu	15	22e. AD	DO 1	ole	esville	RdS	iloush	way Tu
	BURIAL, CREMATION, REMOVAL-(Spetify)	23b D	AJE /30/1	968			OR CREMATORY Cemetery			LOCATION (City or To	,	(County)	Ostote) Ondiana

DATEMAF 29

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72

Pumphrey

Inc. 8434

Ave. S.S ..

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2—shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after degth.— 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of 99 Reap. Page 4 may be retained by the haspital ar attending physician. Cleared with Dr.

er death. foneral 04289

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICA	ATE OF DEATH			94	275
1. DECEASED-NAME (Type or print) SRUF	HEE (NONE) Middle	TIAN	Last	3-5-68 ^{Mor}	th Day	Year	26. HOUR 5:53
3. SEX	4. RACE		5. DATE OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White		4-5-05	62	rthdoy) YRS.	IUNIHS DATS	HOURS MIN
7a. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
(duntry) Armenia	USA	WIDOWED	DIVORCED _	Montgome	ry		Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN			AL OCCUPATION (Kind of		12b. KIND OF I	BUSINESS OR
Takoma Par				os House wire			HOME
13a. USUAL RESIDENCE (Where decea admissian) Maryland	sed lived, if institution: Residence befare 13b. COUNTY Mont				Walder	Road	
14. FATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME I	First	Middle		Lost
John Ayani			Rupega			8.7.4	
16a. WAS DECEASED EVER IN U.S. AR. Yes, no or unknown) (If yes give			FORMANT				LDEN RD
No	war or dates of service) NONE,	M	r. Karnig	Davitian	- Hust	and S	LYEK SMA
18. CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c)		2 1	. 1		BETWEEN ON	NATE INTERVAL 171
PART I. DEATH WAS CAUSE	ATE CAUSE (a) Myoca	erdia	I infa	LC TILL Y		20.	Min
4109	DUE TO, OR AS A CONSEQUENCE OF						
Conditions, if any, which gove nise to immediate cause (o),	(b)						
stating the underlying cause							
lost.	(c)	OT DELATED TO	THE PERSON DISTANCE OF	CONDITION COURS IN DAD		1	
PART Z. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	IOI KELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PAK	1 1(a)		
19g. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PE	PEOPMED	20g. AUTOPSY?	20h IE YES WEI	RE FINDINGS CON	ISIDERED IN CE	PTIFYING
A STELON OF THE CALL OF THE CA			YES NO	CAUSES OF DEAT	H?		KIII IIIIO
19a. DATE OF OPERATION 19b. 21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year P.M.	9	W INJURY OCCURRED (Ente		1 ar Part 2, Ite	m 18.)	
21d. INJURY OCCURRED 21e While Not while at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOC	ATION Street or R.F.D. No	city or Town		County	Stote
saw the deceased of	nis haspital) attended the deceosalive an 3:3:5 see, (I) (we) (did) (did not) view the	19, ond	that in (my) (our) op	nion death accurred	on the dote	thote ond hour o	(I) (we) last and from the
22b. SIGNATURE	Snow, A	1 DEGRE	ATTENDING PHYS.	MED. STAFF PHYS.	22c. DA	TE SIGNED	8
22d. PHYSICIAN'S NAME (Type)	SNOW, 1	n.D.	22e. ADDRESS 901	13 F.C.	wer	Cen	Ĉ.
DEMONIAL IC 1/)		CEMETERY OR C	REMATORY (EMELERY	23d. LOCATION (City of BLADEN'S BU		(Caunty)	(State)
24. FUNERAL DIRECTOR	ADDRESS Embers Co. 1400 C			BY REGISTRAR 25b.	REGISTRAR'S SI	GNATURE	gr.
		7		-			

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CERT	IFICA	TE OF	DEATH	

Middle 2g. DATE OF DEATH DECEASED-NAME First Lost March Month 14 (Type or print) Deckarr 4arri RACE IF UNDER 1 YEAR 6. AGE (In years lost birthday) MONTHS 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Montgomer 115.A WIDOWED [DIVORCED [12a, USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Hospital ring most of working life, even if retired.)
Retired Stewart INDUSTRY B&O RR 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY/nontoonery YES NOT Walke 5. luer Spring 100 E Maryland 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle James Deckard Ella Seebold 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes no, ar unknown) 705-09-9562 Mrs Barbara T Deckard Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave ? rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART A(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, \ 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work 220. I certify that (4) (this hospital) attended the deceased from March 3, 1968, to March 19, 1968, that (1) (we) lost sow the deceased olive on march 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 1968 to 11000 couses stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 3/18/68. Baltimore, Md. Greenmount Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Leonard J. Ruck. Inc. Balto. Md. 21214

ond 2 death. 24 haurs after death physicion and completely fille low requires that the death certificate be executed within even pleose remave 0 buriol-transit signed prior to the O FUNERAL DIRECTOR: After this certificate has been SD the hospital or 50 detoched be retoined director, poge should be filed

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TOPS AND STORY, NO. 121 P. M. SECT.

death. neral and death Pages DY THE **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by a directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pag shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hause Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	Item 6 Film G399	oivision of vital records, 3/27/68 kk C		STON STREET, BAL TE OF DEATH		YLAND 2120	1	042	277
1. 1	DECEASED-NAME First Type or print) Andrew	Middle		last edick	2a. DATE OF	DEATH (Month Warch	Ору-	1988	2b. HOUR
3.	Male	4. RACE	1	DATE OF BIRTH July 4, 180	91	6. AGE (In years last birthday)		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign intry) Penn.	u.s.H.	WIDOWED [9. COUNTY OF Mont	DEATH Gomery			м
10.	CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR INST give street address) Bethesda-Sili	ITUTION (If not	in hospital 12a. US during	most of working	life, even if retire	one 1	12b. KIND OF E	
13c	. USUAL RESIDENCE (Where deceosed nissian) STATE enn.	lived, if institution: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY	LIMITS? 13e. STF	REET AND NUMBER	-	St.	7
14.	FATHER'S NAME First Paul	Middle Last Dedick	15. (MOTHER'S MAIDEN NAME	First	Middl	e	lunkno	Lost
16	O. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war of	or dates of service) 16b. SOCIAL SECURITY No. 185-30-670	0. 17. INF 12 Hig	ormant gins Gunero		45 Marke		Penns	ulvani
	PART I DEATH WAS CAUSED F	one cause per line for (a), (b), and (c).) SY: CAUSE (a) Pneumon		1. 610					MATE INTERVAL NSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		ism - old c	and rece	nt		6 dq	ца.
2	223 2	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVEN	I IN PART I(a)			
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	CALICEC	YES, WERE FINDIN OF DEATH?	IGS CONS	IDERED IN CE	RTIFYING
MFDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW	/ INJURY OCCURRED (En	ter nature of injur	y in Part 1 or Par	rt 2, Item	18.)	
ME	21d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ATION Street ar R.F.D. N		ar Tawn	C	ounty	State
	saw the deceased aliv	haspital) attended the decease re an arch 16	908, and	that in (my) (our) o	68 , ta <i>da.</i> pinian death a	ccurred an the	, 19 e date (, that and haur c	(I) (Wé) las and fram th

22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS.

ATTENDING PHYS. 22d. PHYSICIAN'S NAME (Type) Ball

Inc.

umphreu

22e. ADDRESS 7936 Old Georgetown Bethesda LOCATION (City or Town) 23d.

BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 13 Cemetery FUNERAL TUREGORDE W HOPE

armel REGISTRAR'S 2Sb.

2Sa. REC'D BY REGISTRAR DAMAR 2 1 1968 DAMAR

(Stote) (County) ennsylvania

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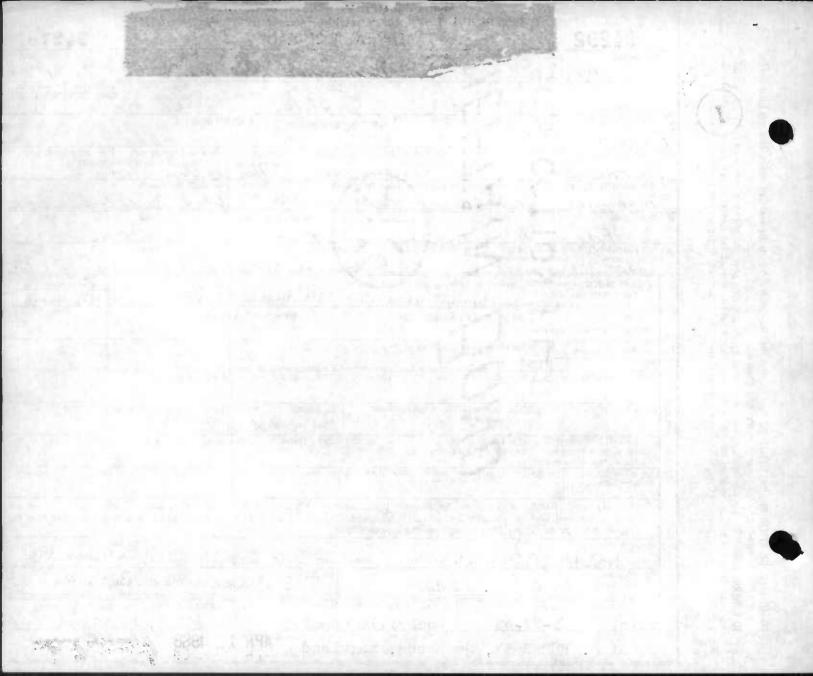
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

04279

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DECEASE (Type o					<u> </u>

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Perhould be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in ony event, within 72 hauf

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	ECEASED-NAME	First		Middle		Lost		2o. DATE OF	DEATH		2b.	HOUR
		hristi	ne	Marie	I	ESPRES		Marc	h 21	Doy 1968		134 "
3. SI	Female	4	4. RACE Cauc	easian		S. DATE OF BIR	TH 20, 1	968	lost birthdoy)	MONTHS D	DAYS HOURS	R 24 HRS.
7o.	BIRTHPLACE (State or fo	preign 7b.	CITIZEN OF WE	IAT COUNTRY?	8. MARRIED [NEVER MARR	IED 🔼	9. COUNTY OF Montge	DEATH	кз. .	<u>- 13</u>	Md
	CITY OR TOWN OF DEAT Bethesda	H	11. NA give s	AME OF HOSPITAL OR IN	STITUTION (If no	t in hospital	12a. USUA	L OCCUPATION	(Kind of wark da life, even if retire		D OF BUSINESS	-
13a. adm	USUAL RESIDENCE (Who	ere deceased l	ived, if institut 13b. COUNTY	ion: Residence before	13c. CITY OR Arli		YES NO	MITS? 13e. STI	REET AND NUMBER	Dr. Apt	t. 10	17
160	Raymond	n U.S. ARMED	Middle J. FORCES?	Despres	NO 17 IN	Nancy FORMANT RO	Apt.	irst	Middle	Fryms	lost an	
)	(es, no, or unknown) NO 18. CAUSE OF DEATH PART I. DEATH W		ne cause per lir	N/A ne for (a), (b), and (c)	- 1	L Raymo	ond J.	DESPRI	ES, 704 S	APF	gton M PROXIMATE INTER FEEN ONSET AND I	RVAL
	Conditions, if any, whrise to immediate costating the underlyinlost. PART 2. OTHER SIGNII	nich gave) ause (o), ng couse	DUE TO, OR A	IS A CONSEQUENCE OF		THE TERMINAL	DISEASE ORG	ONDITION GIVE	N IN PART I(o)			
MEDICAL CERTIFICATION	776 X 19a. DATE OF OPERATIO	19b. CON	DITION FOR WH	ICH OPERATION WAS PR	ERFORMED	20o. AUTOP	SY? NO 🔀		YES, WERE FINDIN OF DEATH?	GS CONSIDERED	IN CERTIFYIN	IG
DICAL CER	21o. ACCIDENT WAS U OR CONTRIBUTING C (If either, notify medi	AUSE OF DEATH		Month Day Yeor	9				ry in Port 1 or Por	t 2, Item 18.)		
W	21d. INJURY OCCURRE While Not while at wark 22o. I certify the saw the dec	ot A (this h	naspital) atte	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. ended the deceas rch 21	ed from M	arch 20), 19	68 , ta_ M	or Town larch 21,	Caunty 1968, to the dote and had	that (I)X(w	ve) las
	22b. SIGNATURE	d abave, (1	(we) (stid)	(did not) view the	body after d	eath.	M M	IED.		22c. DATE SIGNED	D	
22.5	NAME (Type Ger	ne P. S	Swartz,		CEMETERY OR	Nav			Betheso	Ra, Md.	(State	101
	BURIAL, CREMATION,	3-	25-68	Mti	HOPE		OC. DECID TO	SAN	Dies	0	312114	2
0		3524		PER I AR	1. Va		2So. REC'D B	PR 3	1968 REGISTR	RAR'S SIGNATURE	11 4-	L

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PMS. Page Give Pages 1, 2, and 3 to iny delay is

with form

The State De

This certificate shauld be executed within 24 haurs after death

in pencil in Item 18.

necessary, please execute the certificate, writing the ward "pending"

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04294

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

04280

	ECEASED-NAME	First		Middle		Lost			20. DATE KNOWN A Month		2b. HOUR
1	Type or Print)	MARIA		ELOI	SE	DI CAMII	LLO		OF ESTI-	3 19 68	10 ^A
3. 5	EX	4. RACE	S. DATE OF BIR	TH 6	. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS	2c. DATE PRONOUNCED DEAD		2d. HOMR
1.					last birthday)	MONTHS DAYS	HOURS	MIN.	Month Doy	Yeor	10 50
	Pemale		5/5/0		62 YR				March	3 1968	110:50
cour	BIRTHPLACE (Stote	e or toreign /b	CITIZEN OF WHA	AT COUNTRY?		ARRIED NEVER A	_	9. COU	NTY OF DEATH		
COU	"" Ita	ly	Italy		WID	OWED X DI	VORCED [Montgomery		Md.
10. (ITY OR TOWN O	F DEATH	11. NA	ME OF HOSPITAL O	OR INSTITUTIO	N (If not in hospit	ol 12o. U		CUPATION (Kind of work done		INESS OR
	Silver S	Spring	give s	treet oddress) Ho 1	v Cros	e Hospit	during	most of	f working life, even if retired.) sewife	INDUSTRY	
		CE (Where deceased	lived if institu	tion: Residence he	efore 13c. CIT	OR TOWN	13d. INSIDE CITY		13e. STREET AND NUMBER		
	dmission) STATE		13b. COUNTY Mont				YES 😿 1			n.1	
		Maryland				. Spr.		_	1501 Dilston		
14. 1	ATHER'S NAME	First	Middle		Lost	15. MOTHER'S N	AIDEN NAME	First	Middle	Los	
110		Carmine		Orlan	do	1000	G	iovi	na	Evangeli	sta
		ER IN U.S. ARMED FO		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	aught	er	ADDRESS		
()	es, no, or unknov	Vn) (If yes give wa	r or dates of service)	271100	MILL		_	-	007 Hillmeade	Rd. Bowi	o Md
-		DEATH /F Assession		- (P) (b)	1 /41 1	Tucia m	ing ms		/ millimeaue	APPROXIMATE	INTERVAL
23		DEATH (Enter only DEATH WAS CAUSED !		ne or (a), (b), one	(3)-1	Pas -		(has DA	BETWEEN ONSET	AND DEATH
	1/1-		CAUSE (o)	flu	e	8 90V	rever	0	muyou	conec	-
	410	4	DUE TO, OR	AS A CONSEQUENC	E OF	0	AN	-	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	01.1	
		ony, which gove	(b)	erles	162	ckero	REC	2/	tear &	yesela	Le.
		liote couse (o), (DUE TO, OR	AS A CONSEQUENC	CE OF						
	lost.)	(-)								
	PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT	NOT PELATED	TO THE TERMINAL	DISEASE OF	COMPITIO	N GIVEN IN PART I(o)		
	4420	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NO TO DEATH BUT	NOI KELATED	TO THE TERMINAL	DISEASE OK	CONDITIO	IN GIVEN IN PART I(0)		
NO	10. DATE OF C	DED A TION		184 COMPITION F	OR WHILEH OR	ED LTION				Too AUTODO	10
3	190. DATE OF C	PERATION		19b. CONDITION F WAS PERFOR		ERAIION				20. AUTOPS	17
CERTIFICATION		La LESSON		W/G TENTON		200				YES [NO X
	21o. EXTERNAL			INJURY Month, Doy	, Yeor	21c. HOW INJURY	OCCURRED (Er	nter notu	re of injury in Port 1 or Port 2,	Item 18.)	
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	HOUR A.I		19						
MED	21d. INJURY OC			n. At home, form, stre		21f. LOCATION Stre	et or R.F.D. No.		City or Town	County	Slote
	WHILE N		ry, office building			2111000111011 3110			CIT OF TOWN		3.0.0
	22a. I	certify that I too	k charge af th	ne remains des	cribed abov	re, held an Au	topsy,	Ins	pectian , Inquiry	and in m	y opinion
	death re	esulted from.	Natural caus	es Aed	dent .	Suicide .	Homicia	le 🗍	Undetermined manne	r 🗍	
	2012	119	11	T//	/ //	, ,	HIEF MEDICAL	FYAMINI	sp		
	ACTUAL	1/01	11000	111	100	. 1	SSISTANT MED			TE SIGNED	
	SIGNATURE	X	ee ev	1	1/1	711. 0.	EPUTY MEDICA				
	EXAMINER'S	BALA	1-11	1/1		TAMA	ODRESS SINCE			H3 191	10
	NAME (Type)	12510	CIVI	7	C/1	7-110	DUKE DE SINCE	A Comment	Associated //// C	1/1/	
230	. BURIAL, CREMA REMOVAL (Spec		ATE	23c. NAM	E OF CEMETER	Y OR CREMATORY		23d.	LOCATION (City or Town)	(County) (S	tote)
	Buria	I 3/	6/68	Mt. C	livei	Cemet	erv	W	lash. D.C.		
24.	FUNERAL DIRECT		r's Fu	neral A	DDRESSATE	Rainie	2So. REC'	D BY REC	GISTRAR 25b. REGISTRAR		
	Home I			I	Maryla	a nd	DATE M	AR	7 1968 JCC	carello mo	C. C.

VR A15ME (5) 10M REV. 1/68

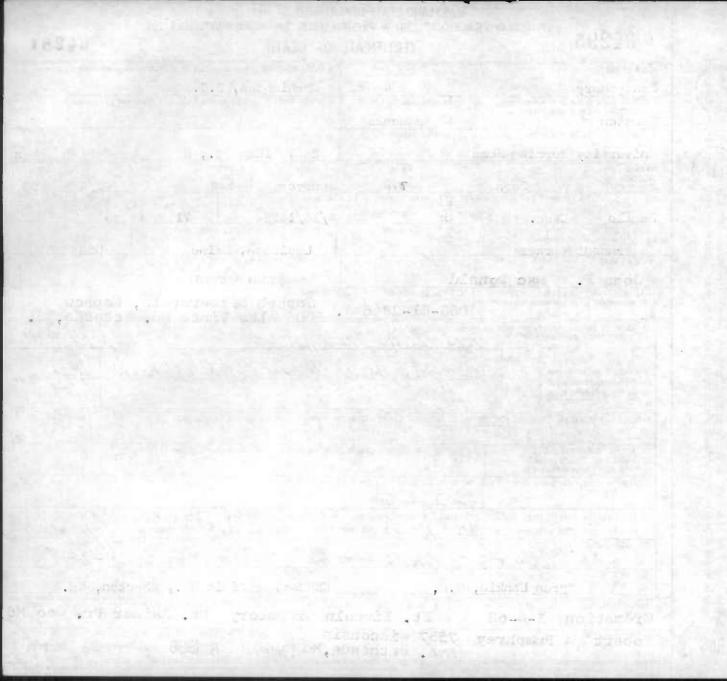
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	X.			of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03200	CERTIFICATE	OF DEATH		04283.			
		PLACE OF DEATH COUNTY COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO STATE Washington	Residence before odmission)				
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 5 weeks				nd give neorest town)			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h University Nursing Hor	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO V					
0	3. [NAME OF First DECEASED	Middle	Lost	h St., NW 4. DATE Month OF	Doy Year			
1	S. :			Dombrow	lost birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS. on this Doys Hours Min.			
3	10o. duri	Female Caus. W USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Government worker	10b. KIND OF BUSINESS OR INDUSTRY	4/26/1896 11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?			
	13.	FATHER'S NAME John P. Mac Poi	nald	Louiston, Maine LISA 14. MOTHERS MAIDEN NAME Anna Green					
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No. 16. SOCIAL SECURITY NO. 17. INFORMANT Joseph Silberstein, Nephew 5006 Alta Vista Rd. Betesda. Md.								
		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO (b) DUE TO (c)	aspiration pre	ly ent	rated Ga need	MINTERVAL BETWEEN ONSET AND DEATH A - / 47 .			
4	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO			
4	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 1B.)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)			
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased from	2 <i>9 JAN</i> , 19 death occurred at <i>L</i>	165 P.M. fram causes and	on the date stated above			
	220. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIR								
	230	BURIAL CREMATION, 23b. DATE THEREOF 3-4-68	23c. NAME OF CEMETERY OR C	REMATORY	1 23d. LOCATION (City or Town)	(County) (Stote)			
3	24.	Roberton A Pumphre	y 7557ADWEScons	a, Md DATE MAN		RAR'S SIGNATURE			

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completery titled in by the directar, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carban pagers. Pages shauld be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in ony event, within 2 haurs of Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH 04282									
	CEASED-NAME ype or print) SYLV	IA G,	Idle	Lost	2a. DATE OF DEATH Manth March	Day Yea	2b. HOUR 7 A A			
3. SE	Demale	4. RACE White		S. DATE OF BIRTH	8 8 6. AGE (In last the	years IF UNDER 1 Y				
caun	erry) Penna	7b. CITIZEN OF WHAT COUNTRY U.S. A	WIDOWED		9. COUNTY OF DEATH Worldsmer	-	M			
	Selver young	give-street address		during	JAL OCCUPATION (Kind of wonest of working life, even if	retired.) INDUST	ID OF BUSINESS OR			
admi	USUAL RESIDENCE (Where deceases ssion) STATE Md	136 COUNTY Pr. Beo	Jokn	na Park YES 1	10 Syc	amore ave	nec			
	ATHER'S NAME First	Middle 93	reene	MOTHER'S MAIDEN NAME	F.	Middle Inkn	woon.			
16a. WAS DECEASED WER IN U.S. ARMED FORCES? Yes, na, ar yinknawn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Paris W. Galmer 2311 apache M. Ca										
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT	RY:	Journay!			BETW	PROXIMATE INTERVAL WEEN ONSET AND OEATH			
	Canditians, if any, which gave rise ta immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQ (c)	UENCE OF							
NC		cachenia	sa of	the terminal disease or	+					
CERTIFICATION	Feb 1967	Ca brust		20a. AUTOPSY? YES NO	CAUSES OF DEATH?		IN CERTIFYING			
MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month D	ay Year	OW INJURY OCCURRED (Ent	er nature af injury in Part I	ar Part 2, Item 18.)				
M	While Not while of wark at wark									
	220. I certify that (I) (this hospital) attended the deceased from 3/12, 1968, ta 3/15, 1966, that (I) (saw the deceased olive and 1966, and that in (my) (our) opinion death occurred on the date and hour and focuses stated above, (I) (we) (did) (did not) view the body ofter death.									
	22b. SIGNATURE	Sandtras	mo DEGR	ATTENDING	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNE				
	22d. PHYSICIAN'S NAME (Type) R. H	· Sandstron	الازن ا		arroll Ave 7	atoma Fa	nt, Md			
23a.	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)		NAME OF CEMETERY OR	mfurf	23d. LOCATION (City or I		Va.			

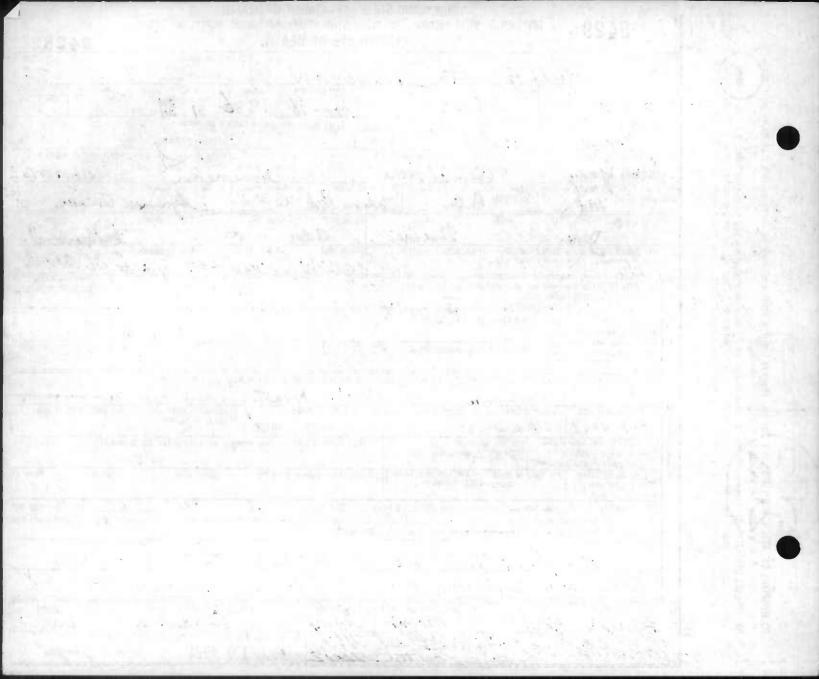
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

DATEMAR 1 9 196

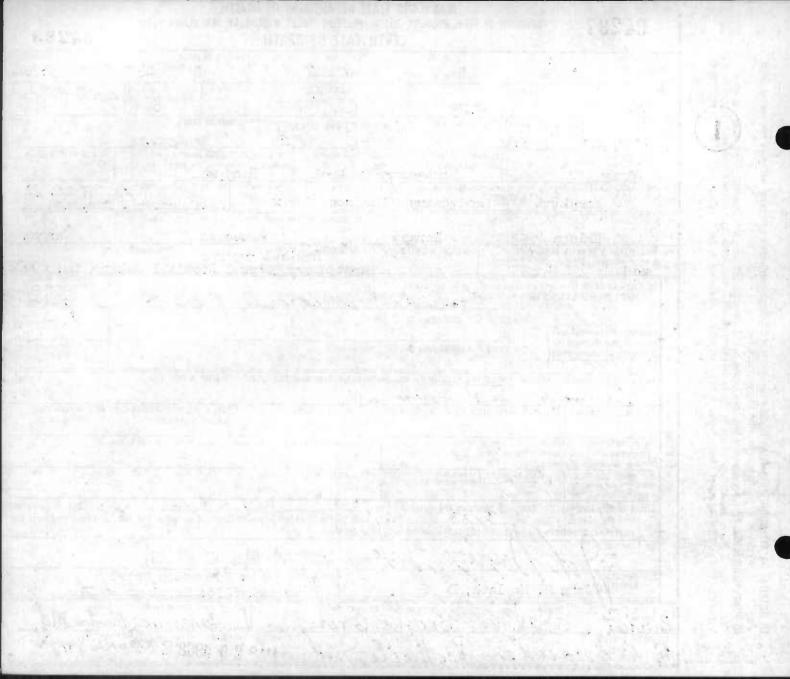
25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

rol nd 2 nd 2	1.	DECEASED-NAME First (Type or print) GEORGE	Middle B	Lost DORSEY	2a. DATE OF DEATH 3 Month 2) Doy	2b. HOUR 5:202M
offer deot	3.	SEX Male	4. RACE Negro	S. DATE OF BIRTH 8/7/87	6. AGE (In years lost birthagy)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
t hours			7b. CITIZEN OF WHAT COUNTRY? USA		9. COUNTY OF DEATH Montgomery	Md.
ely filled bon por within	9	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress) Montgom	TITUTION (If not in haspital during m	L OCCUPATION (Kind of work done set of working life, even if retired.) Handyman	12b. KIND OF BUSINESS OR INDUSTRY
complete corrections of the corr	5 od	mission) STATE Maryland	d 13b. COUNTY Montgomery	Etchison 13d. INSIDE CITY OF TOWN Etchison YES NO	Gaithersburg	, Maryland
be exe	1 14	FATHER'S NAME First Nelson	Middle last Dorse	15. MOTHER'S MAIDEN NAME F	irst Middle Oseanna	lost Warren
hysician n please nol, and	16	g. WAS DECEASED EVER IN U.S. ARM		0. 17. INFORMANT Medical	Records Address	
es that the death certificate be executed within 24 hours after death sician. ed by the ottending physician and completely filled in by the funeral baltronsit permit. Then please remave carbon papers. Pages I and all, cremation, or removal, and in any event, within Zertages pitter death		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	0.111.	, , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z graces
that the dian. I by the other transit perference cremation.		Conditions, if any, which gave rise ta immediate cause (o), stating the underlying couse last.	(b)			0
requir ng phy n sign e buri		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
The low ratending has been se os the th prior to	X	190. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
SICIAN: The spitol or att ertificate had for use ed for use of the other spirol or the	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year er) P.M. 19		noture of injury in Part 1 ar Part 2,	
the hose this ce detache e Dept.	1	While Nat while at work of work		TORY.) 21f. LOCATION Street ar R.F.D. Na.	2 1	County State
TTENDING oined by FOR: After hould be th the Stat		22a. I certify that (I) (this saw the deceased of couses stated above	s haspital) attended the decease ive on! (1) (we) (did) (did not) view the b	od fram 2/4 , 19/2 9/25, and that in (my) (aur) opi gody ofter death.	7, to 7/24, 19 nian death occurred on the do	that (I) (we) last one ond hour and from the
A # D R		22b. SIGNATURE	I Jungland ; 10	DEGREE PHYS. D	IRECTOR PHYS.	DATE SIGNED
HOSPITAL ge 4 moy FUNERAL rector, po	1		. Maylath, MD	Roc	W. Edmonston Dri Liville, Maryland	
TO HOSPITAL OR Poge 4 moy be r TO FUNERAL DIRE director, poge 3 should be filed w			28-68 Brook			Montg. Md.
VR A15 (4) 30M REV. 168	2	R. L. SURECTOR	Len Rache	Ple MA PATE MA		SIGNATURE JAMES



TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the 'tueral' director, page 3 should be detoched for use os the burial-tronsit permit. Then pleose remove corbog papers, Poges 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours after. Poge 4 may be retained by the hospital or ottending physicion.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

					CERTITION	TIL OI	PEAIII							
	ECEASED-NAME (ype or print)	First		Middle		Last		2a. DATE O	F DEATH Manth	Doy	,	Yeor	2b. H	HOUR
(ype or pinn)	Ste	phen	P.	DO	RSEY		Ma	reh	υσγ	10	68	3. 12	235
3. SE	X		4. RACE			. DATE OF BIR	ŧŤΗ		6. AGE (In ye		IF UNDER	R I YEAR	IF UNDER	
	Male		Canc	asian		Sent.	13.1913	2	lost birthdo	YRS.	MONTHS	DAYS	HOURS	MIN
70. 1	BIRTHPLACE (State or fo	reign 7b		WHAT COUNTRY?		NEVER MARR		. COUNTY OF	177					
caur	aska		U.S.		WIDOWED		CED [Montg	omery					Md
	CITY OR TOWN OF DEAT	1		NAME OF HOSPITAL OR IN				OCCUPATION	(Kind of worl	k done	12h	KIND OF I	RUSINESS	
10. 4	Bethesda		giv	e street address) aval Hospi	19		during mo		life, even if re		INDU	Onsu		
				tution: Residence before	13c. CITY OR		3d. INSIDE CITY LIM	NITS? 13e. S	REET AND NUM	18ER				
mbı	ission) STATE D. (3.	13b. COUNTY	V	Washi	ngton	YES NO	0 2	323 Q S	tree	+			
14.	FATHER'S NAME Fir	st	Middle	Lost			DEN NAME Fir	rst		iddle	,		Lost	
	Guy P. Do	maar				T74-	0-2-41							
160	WAS DECEASED EVER II		FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT	Geist	Brot	Ad	dress	D	. C.		
		(If yes give war or		Unknown			C Doz	reest '	2823 Q		_			~+ ~·
_		No				3101911	0. DOI	. ocy , a	_UZJ 4	50.1	. 17 .		MATE INTERV	
	18. CAUSE OF DEATH PART I. DEATH W			line for (a), (b), and (c)		1999						BETWEEN ON	NSET AND D	EATH
	L C C C	IMMEDIATE	CAUSE (a)	Generalize	carci	nomatos	sis				-			
	1890			R AS A CONSEQUENCE OF										
	Conditions, if any, what rise to immediate co		(b)	Adenocarci	noma le	ft kidi	ney							
	stating the underlying		DUE TO, OF	R AS A CONSEQUENCE OF										
	last.)	(c)								- 2			
	PART 2. OTHER SIGNIF	ICANT CONDIT	IONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORCO	ONDITION GIVE	N IN PART 1(a))				
	180x													
CERTIFICATION	190. DATE OF OPERATIO	N 19b. CON	IDITION FOR V	VHICH OPERATION WAS P	RFORMED	20a. AUTOF	SY?	20b. I	F YES, WERE FIN	NDINGS C	ONSIDER	ED IN CE	RTIFYING	3
FIG						YES 🗌	NO X	CAUSE	S OF DEATH?					
CERT	21a. ACCIDENT WAS U	INDERLYING	216 TIME	OF INJURY	21c HO			nature of init	ory in Part 1 or	Port 2 I	tem 18	1		
	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.M	A. Month Doy Year		IF HOOK! OCC	DICKED (EING)	nature of mp	/ III T GIT T GI	1011 2, 1	10111 10.	'		
MEDICAL	(If either, natify medi				9	na manina ana ana	2.72.11	e11						
2	21d. INJURY OCCURRE While Nat while	D 21e. PL/	ACE OF INJURY	AT HOME, FARM, STREET, FA	21f. LOC	ATION Street	or R.F.D. No.	City	or Town		Count	ly	2	tate
	at work of wark	_												
	22a. I certify the	it (A) (this	haspital) a	ttended the deceas	ed from	Decembe	er1019_6	27., ta_1	March 1	0, 19_	_68	, that	(M)	e) last
	saw the dec	eased alive	e an M	trended the decease the local section of the local	19 00, and	that in (my	/) (aur) apir	nian death	accurred an	the da	te and	haur	and fra	m the
	226 SICHATURE	a abave, ç	3 Imal tour	1) 1000 (NI) view the	bady affer a	euin.				I 00. /	DATE SIG	CAICD		
		/	1		25025	ATTENDIN	G ME	ED.	STAFF EX			rch	1065	2
	Murilla	uV	1. 15	ma	DEGRE	11113.		RECTOR L	PHYS. LX	الداد ال	. PE.	LGII	1700	,
1	22d. PHYSICIAN'S NAME (Type)	Lawre	ence A	. Jones, M.	. D.	22e. ADDF	aval Ho	spita	L, Beth	esda	. M	d.		
-														
23a.	BURIAL, CREMATION,	23b. DAT			CEMETERY OR				ON (City ar Tov	wn)	(Cour	ity)	(State)
	REMOVAL (Specify)	-1	11/68		Hill Cr			Suit1			100	5.1.		
24.	FUNERAL DIRECTOR	[08 C	traffire	s Sons Fune	mol Ha		2Sa. REC'D BY	REGISTRAR	25h REG	GISTRAR'S	SIGNATI	URE	all a	1
		US. G	MTGT.	s bons rune	Tat uoi	пе	DATE A A D	1 4 10	168 22	Mucay	CAU	No. of London	7	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-	1000	-	0.0	- 9

4		CERTIFICATE OF DEATH	3 4 3 4
= (642)		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
deoth deoth	(1	(Type or print) Paul Sidney Douglas March 23	Yeor 1968 3:42 M
70	3. SE	SEX 4. RACE S. DATE-OF BIRTH 6. AGE (In years IF UNDE	R I YEAR IF UNDER 24 HRS.
s offers and states		Male White 2-25-07 lost birthdoy) YRS.	OAYS HOURS MIN.
S. Hours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH untry)	
illed in papers.	1001	West Virginia U.S.A. WIDOWED DIVORCED MONT gomery	Md.
fille fille hin			KIND OF BUSINESS OR USTRY
with with	7	Takoma Park, Md. give street oddress) San & Hosp. Mungro Periodical Dept.	RYH Pub.
inted within impletely fine carbon event, with		a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY WHITS? 13e. STREET AND NUMBER	Ass'n,
e se la	oam	mission) STATE Md. 13b. COUNTY ON Takoma Park YES NO 704 Chaney	Drive
ond components on the components on the components on the components of the componen	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
n o n o d in d in		Troy Douglas Ella	Elvis
icate b	160.	o. WAS DECEASED EVER IN U.S.Y ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
phys phys en p oval,		Yes, no, or unknown) (It yes give war or dates of service) 214-36-1685 Med. Records	
at the deoth certific the ottending physisit permit. Then pl mation, or removal,			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir ndir or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Retropentored Sancona	
of de erm		1.5 % O DUE TO, OR AS A CONSEQUENCE OF	
the or it partio		Conditions, if ony, which gave	
that the d an. by the otte tronsit perr cremation,		rise to immediate cause (o), (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
physician. signed by the burial-tronsit burial, cremat		lost. (c)	
phys igne urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
ng ng san s	2	158 x Bone Merrow depression	
te law re trending as been os the prior to	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? / 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
	CERTIFICATION	YES NO CAUSES OF DEATH?	
: = e = :			.)
	MEDICAL	5	
PHYSIC e hospi his certi stoched Dept. o	ME		ty State
PH he		at work of work	
NG NG NG Her Her Hote		22a. I certify that (I) (this hospitel) attended the deceased from	, that (I) (we) last
ENDI ned bared by Rr. Affire Sithe Sither		saw the deceased alive an March 23 19 68, and that in (my) (evr) apinion death accurred an the date and	haur and fram the
ATTE stoine cTOR: shoul ith th		causes stated abave, (1) (we) (did nat) view the bady after death.	ONES
~ = = 3		22b. SIGNATURE R. H. Sandlas M.D. DEGREE PHYS. MED. DIRECTOR PHYS. DIRECTOR DIRECTO	L 27,17(8
ral or lay be tale to poge 3 poge 3 e filed v			1 23,110
RAL RAL Po be f		22d. PHYSICIAN'S NAME (Type) R. H. Sand Strom ond. 22e. ADDRESS 776/ Corroll Ave Takono Pa	nk, Mh
TO HOSPITAL Poge 4 may b TO FUNERAL D director, pog should be file	22.		pty) (Stote) /
E ge eigh	230	DREMONALISMENT 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Con SEMONALISMENT AND LINE TEXT BELLEUSURG 19. 18	Es G MM
5-5	0	1. FUNERAL DIRECTOR A CICLUM IL CAODRESS COM D. C. 250. PR.C.D. BY REGISTRAR 251/ REGISTRAR'S SIGNAT	URE .
VR A15 (4) 30M REV, 1/68	3	Takone for 1 2/cm e 254 Courses 124 mm MAR 2 6 1968 Victorità	Undac :

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)		topher	Midd F.	le DOW	NER	Lost			20. DATE KNOWN Month OF ESTI- OEATH MATED 3	Doy 17	Yeor	2b. HOUR
3. SEX		S. DATE OF BIR		6. AGE (In year	rs IF UNDE	R I YEAR	IF UNDER 2		2c. DATE PRONOUNCED DEAD	11	120	2d HOUR
Male	Cauc	Sept.28	3.1949	18 y	RS. MONTHS	DAYS	HOURS	MIN	March Doy 1	7 Yeor	19 68	10 P M
70. BIRTHPLACE (SI	tote or foreign 7b.	CITIZEN OF WHA			MARRIED	IEVER MAR	RIED X	9. COU	NTY OF DEATH			
"Georgia	a	USA		W	IDOWED [DIVO	RCED 🗌	Mon	ntgomery			Md
10. CITY OR TOWN Betheso	OF DEATH		ME OF HOSPITAL treet oddress)			hospitol		SUAL OC	CUPATION (Kind of work done working life, even if retired.)	12b. KIND INDUSTRY	D OF BUSIN	NESS OR
13o. USUAL RESID odmission) STA	DENCE (Where deceosed ATE Virginia	lived, if institu		befare 13c. C			. INSIDE CITY LI	IMITS?	13e. STREET AND NUMBER 307 Summers D:	rive		
14. FATHER'S NAME	First William	Middle F.	Downer	lost		ER'S MAID Hatt		First W	Middle nipple		Lost	
	DEVER IN U.S. ARMED FORCE		16b. SOCIAL SECT 22807		17. INFORM	COLUMN TO THE PARTY OF THE PART	Alexa		wner, 307 Summer	irgin ers I		
	OF DEATH (Enter only on I. DEATH WAS CAUSED BY IMMEDIATE (CAUSE (o)	Mening	itis.	due to	Pour	lom	onos	Specie -	AP BETW	PPROXIMATE II WEEN ONSET A	INTERVAL AND DEATH
Conditions, i	if ony, which gove) nediate couse (a),	(b)	AS A CONSEQUE	15. Pe	ST.L	an	nine	cto	my:	7	o de	yo -
	underlying couse	OUE TO, OR	AS A CONSEQUE	NCE OF	-					9	8 de	ye.
9112	ER SIGNIFICANT CONDITIO	NS CONTRIBUTI	NG TO DEATH BI	UT NOT RELATI	ED TO THE TEI	RMINAL DI	SEASE OR C	ONDITIO	N GIVEN IN PART I(o)			
190. DATE OF	F OPERATION		19b. CONDITION WAS PERFO		OPERATION					-	AUTOPSY?	? NO 🗌
	AL CAUSE WAS OR CONTRIBUTING [HOUR A A	NJURY Month, D A. Dec. 14	_	Struc				e of injury in Port 1 or Port 2, I	tem 18.)		
21d INJURY WHILE AT WORK	H NOT WHILE TOCTORY	E OF INJURY (A	t home, form, s	street,	21f. LOCATIO	N Street o	R.F.D. No.		City or Town	County	,	Stote
22a.	I certify that I toak resulted from:	chorge of th			ove, held ar	a Autor		Ins	pection 🛴 , Inquiry 🖸 Undetermined manner	_	nd in my	y opinion
ACTUAL SIGNATURE	1	fm.	s B	el	N	LD. ASSIS	F MEDICAL I STANT MEDI ITY MEDICAI	CAL EXA	WINER 22b. DATE		106	58
EXAMINER' NAME (Typ	John G	. Ball	, M. D.						vn, or county)	. 40,	270	
230. BURIAL, CREA REMOVAL (Sp Bur	MATION, pecify) 3/2	20/68	23c. NA Arl		Natio	onal		ery	LOCATION (City or Town) Arlington, Vi		ia	ote)
1102 Wes	t Broad St.		uneral s Churc		1		DATE MA					pe !

The same of the sa The transfer of the Control of the C F. M. Elect. 1 and 1 AL TOUR DESCRIPTION REPORTED TO A CONTROL OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH DECFASED-NAME First 2b. HOUR. (Type or print) William Dunkley 9:30 M 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last pirthday) Male Canc. Oct. 12, 1886 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) (naland U.S.A Montgomery WIDOWED [DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street address) during most of warking life, even if retired.) INDUSTRY Dakoma Park echanical Engineer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 8612 Garland Avenue YEME NO Vakoma Park 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Dunkley Edith 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address and Avenue Yes, na, ar unknawn) (If yes give war or dates of service) Mrs. Clara Durkley 168-07-8565 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. March. 11. 1968 22e. ADDRESS 22d. PHYSICIAN'S William D. And 9006 Colesville Road, Silver Spring, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) It. Lincoln Cemetery Prince George County 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 3 1968 Willespie

requires that the deoth certificate be executed within 24 hor the attending physicion and completely filled in sit permit. Then please remove corban papers. burial-tronsit signed by has been for use os the the hospitol or O FUNERAL DIRECTOR: After be retained director, p VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	(1	CEASED-NAME First ype ar print) JOHN	TEE	Middle SDALE		lost JVALL		DATE OF	Makch Pe	_	egr 968	2b. HOU
	3. SE	MALE	4. RACE WHITE			S. DATE OF BIRT	H B, 1883		6. AGE (In years lost birthdoy)	IF UNDER	OAYS	HOURS M
	7a. E	RRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRI	IV.	MON	DEATH TGOMERY			
-	10. C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INST Laddress) LOMERY	ITUTION (If no	t in haspital	12a. USUAL OC	CUPATION	(Kind of work done ife, even if retired.)	12b. K		BUSINESS OR
	13a. admi	USUAL RESIDENCE (Where deceo		Residence before	13c. CITY OR		I. INSIDE CITY LIMITS?	13e. STR	EET AND NUMBER	G DRI	IVE	
	14. f	ATHER'S NAME First	Middle	Lost		MOTHER'S MAID			Middle		PER	last
	lóa. Y	WAS DECEASED EVER IN U.S. AR	1	5. SOCIAL SECURITY NO.		IFORMANT MEDICAL	RECORDS	S	Address		IEN	KI
		Canditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(b) DUE TO, OR AS A	1	wion	stuses	1. Wress	TION GIVEN	I IN PART I(a)		16 -	us
7	CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPS	Y? NO ₩		YES, WERE FINDINGS (OF DEATH?	ONSIDERI	ED IN CE	RTIFYING
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYI ☐ OR CONTRIBUTING ☐ CAUSE OF OE/ { If either, notify medical exam	HOUR A.M. A	Nanth Doy Year			RRED (Enter natu		y in Part 1 or Port 2,	1.83		
	*	21d. INJURY OCCURRED 21e While Nat while at wark at wark	PLACE OF INJURY (AT	HOME, FARM, STREET, FACT ICE BUILDING, ETC.	ORY.) 21f. LO	CATION Street	or R.F.D. Na.	City	or Town	Count	У	Stote
		22a. I certify that (I) (the saw the deceased causes stated above	dive an 3/	15 19	68 and	that in (my)	, 19 <u>68</u> (our) apiniar	, ta n death a	ccurred an the do	cte and	, that hour	(I) (we) I and fram t
		22b. SIGNATURE	Bony	and of	DEGR	ATTENDING PHYS. 22e. ADDRE	DIRECT	ror 🗆	STAFF PHYS. 22c.	DATE SIG	NED	
		NAME (Type) A . DE	MENT BONIF			MEDI	CAL CTR.		DY SPRING	, MAE	RYLA	ND
	230.		DATE r 18, 1968	23c. NAME OF C					N (City or Town) esda Mont 25b. REGISTRAR'S	(Coun	, ,	(Stote) Md •
R	24	FUNERAL DIRECTOR OS. GAWLEr's S	ons 5130	Wisconsing to		2	Sa REC'D BY RE	GISTRAR	25b. REGISTRAR'S	SIGNATU	IRE .	118-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the tuning director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. ed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Page 4 may be retained by the haspital or attending physician.

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Lincoln Cemetery

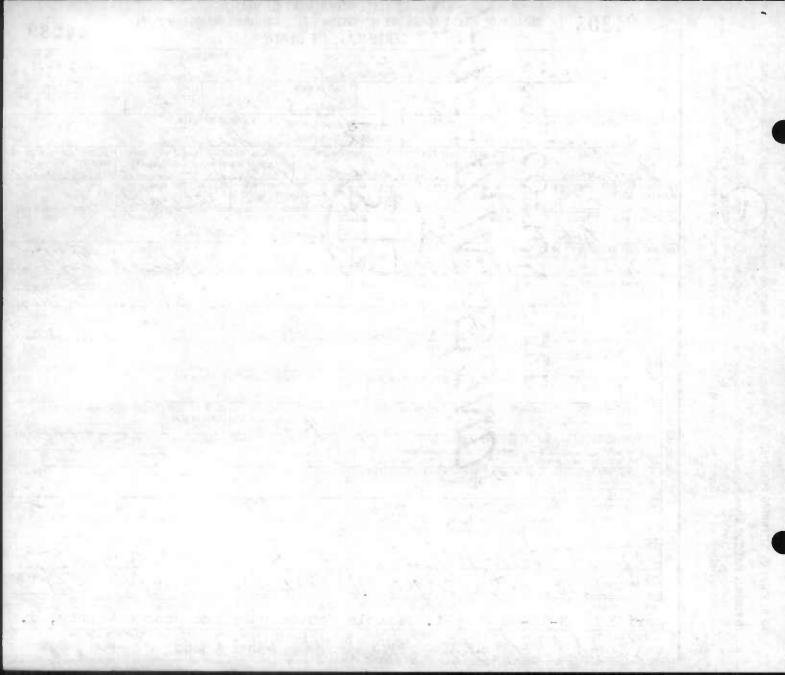
Prince George

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

County , Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample left filled in by Attactar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbos, pagers. Pag shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

A haurs after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIFIC	AIL OF DEA	VIH			1/3	A
1.	DECEASED-NAME	First		Middle		Lost	20. DA	ATE OF DEATH			2b. HOUR
	(Type or print)	Vergie	9	May	E1	liott		March	Day	2.1968	3:34
3.	. SEX		4. RACE			S. DATE OF BIRTH		6 AGE (In ver	ors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Fema	1e	Wh	ite		July 5,	1887	lost birthdoy	YRS.	NONTHS DAYS	HOURS MIN.
7	o. BIRTHPLACE (Stot	e or foreign 7	b. CITIZEN OF W	/HAT COUNTRY?	8. MARRIED	NEVER MARRIED	-	TY OF DEATH			
É	enns \$1	ania	Amer	ica	WIDOWED			ontgomer	y		Md.
10	O. CITY OR TOWN O	F DEATH		vame of Hospital or in street oddress) hington			o. USUAL OCCUP.	ATION (Kind of work orking life, even if ret	done	12b. KIND OF B	USINESS OR
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0	dmission) STATE Marylar			e George			*****	2403 Uni		gity F	11vd
	4. FATHER'S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN A			ddle	J.L.y	Lost
ı				Kaulb-fle	sh.	NOT	AVAILAG	16			
1	60. WAS DECEASED			16b. SOCIAL SECURITY	NO. 17.	INFORMANT	7777		ress		7.7
1	Yes, no, or unknov	vn) (If yes give wor	or dates of service)	1215-14-1	541 A	Patient!	e char	+			
F		DEATH (Enter only	one couse per l	line for (o), (b), and (c)			7				ATE INTERVAL SET AND DEATH
ı		ATH WAS CAUSED	3Y:	Corelea	D	MANIK				71	has
ŀ	1 1/2	3 A	CAUSE (o)	AS A1CONSEQUENCE OF		1			-0.5	1-7	
ŀ		ny, which gove)	00L 10, 0K	BA de MAS		en The	mulhas	ess		11.2	n 0.
l		iote couse (o), (derlying couse	DUE TO, OR	AS A CONSEQUENCE OF	1000	1	1	1-	3		1
ı	lost.	derlying couse	(c)		relec	our -	Lungei	Tendron	_	10	VS.
ı	PART 2. OTHER	SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL DISEA	ASE OR CONDITION	GIVEN IN PART 1(0)			
1	2 337	X									
	190. DATE OF OF	ERATION 19b. CO	NDITION FOR W	HICH OPERATION WAS PE	ERFORMED	20o. AUTOPSY?	1	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CON	NSIDERED IN CE	RTIFYING
ı	E			Market		YES 🗌	NO [
	OR CONTRIBUTION	WAS UNDERLYING IG CAUSE OF DEATH y medicol exomine	HOUR A.M.	. Month Doy Yeor	21c. H	OW INJURY OCCURRED	(Enter noture	of injury in Port 1 or 1	Port 2, Ite	em 18.)	
	≥ 21d. INJURY O While Not	CCURRED 21e. P		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		OCATION Street or R.	.F.D. No.	City or Town		County	Stote
ľ	00 1 11	11 . (196-7-1-1	haspital) at	tended the deceas	ed from_	2-5	, 19 6 £. t	0 3-12	_, 19 k	that	(we) last
I	saw th	e deceased aliv	(we) (did	(did nat) view the	bady after	d that in (my) (at death.	ur) opinian de	eath accurred an t	the date	e and haur o	ind fram the
	22b. SIGNATURE		ner of	99)	MDDEG	ATTENDING	MED. DIRECTOR	STAFF PHYS.	22c. DA	ATE SIGNED 3 - 12 -	
	22d. PHYSICIAN NAME (Typ		SAUE	R, MD.		22e. ADDRESS 2513	Buckl	DRGE RA	1.6	coleph	MA
2	30. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DA		68 Lest X		CREMATORY	23d. L	OCATION (City or Town	n)	(County)	(Stote)
1	24-FUNERAL DIRECT	/	7	ADDRES	-		REC'D BY REGIST	RAR 2Sb. REGI		IGNATURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours at

30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CERTIF

TRESTOR STREET, BALTIMORE, MARTEARD 21201	
ICATE OF DEATH	1429

	CEASED-NAME ype ar print)	Richard		Middle Franklin	ELL	Last	JR.	2a. D	DATE OF DEATH Month MAR Day	29 Yeor 6	2b. HOUR 9:45A
3. SE	X Male	4. RA Ca	Œ ucasia	n	S.	DATE OF B	B 68		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. B	RRTHPLACE (Stote or fitry) Marylan	oreign 7b. CITIZ	TEN OF WHAT O	ountry? tates	MARRIED [RRIED 🛣	9 coul Mor	nty of DEATH orgomery		Md.
10. Cl	Bethesda	TH .	11. NAME (give street	of HOSPITAL OR INSTITUTION oddress) Naval	Hosp	in hospitol ital			PATION (Kind of work done arking life, even if retired.)	12b. KIND OF E	BUSINESS OR
				Residence before 13c			13d. INSIDE CITY L		13e. STREET AND NUMBER 8122 Allene	dale D	r.
14. F	ATHER'S NAME F Richa	erd Fr	Middle anklin	ELLISON	SR 15. A	Mabel	AIDEN NAME I	first nley	HEILIGER Middle		Lost
	WAS DECEASED EVER es, nd Dunknown)			SOCIAL SECURITY NO. NA		ormant chard	Ellis	on,	SR., 8122 All	ndover, endale	
	PART I. DEATH V 486 × Conditions, if ony, w rise to immediate c stoting the underlyi last. PART 2. OTHER SIGNI	immediate cause Dui hich gove ouse (a), ng couse FICANT CONDITIONS	(b) E TO, OR AS A (c)	CONSEQUENCE OF CONSEQUENCE OF TO DEATH BUT NOT R					ON GIVEN IN PART 1(0)		
CERTIFICATION	19a. DATE OF OPERATION		IN FOR WHICH C	PERATION WAS PERFOR	RMED	20a. AUTO]	20b. IF YES, WERE FINDINGS CO CAUSES OF 好好好	INSIDERED IN CE	RTIFYING
3	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med) 21d. INJURY OCCURR While Nat while	cause of OEATH He	P.M.	URY anth Day Year 19 OME, FARM, STREET, FACTORY, CE BUILDING, ETC.					af injury in Part 1 or Port 2, 1 City or Town	tem 18.) County	Stote
	220. I certify the	ot (1) (this hasp	ital) attende 29 M	ed the deceased f AR 19 not) view the bod	rom1 68 and t y ofter de	5 FEB that in (m ath.	ny) (our) op	inian d	ta 29 MAR , 19 eath occurred on the do	68, that te and hour o	ond from the
	22d. PHYSICIAN'S NAME (Type)	G. P. SW			DEGREE	PHYS. 22e. ADI NAV	ORESS		L, BETHESDA,	MD.	
	BURIAL, CREMATION,	23h DAIE 4-3-(Park N	ation		iete:	LOCATION (City or Town) ry, Baltimore,	Md.	(State)
24.	FUNERAL DIRECTOR	Robert A.	Pumph	rey ^{ADPR} tine	ral H	ome	2Sa. REC'D E		TRAR 2Sb. REGISTRAR'S	SIGNATURE	ege.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

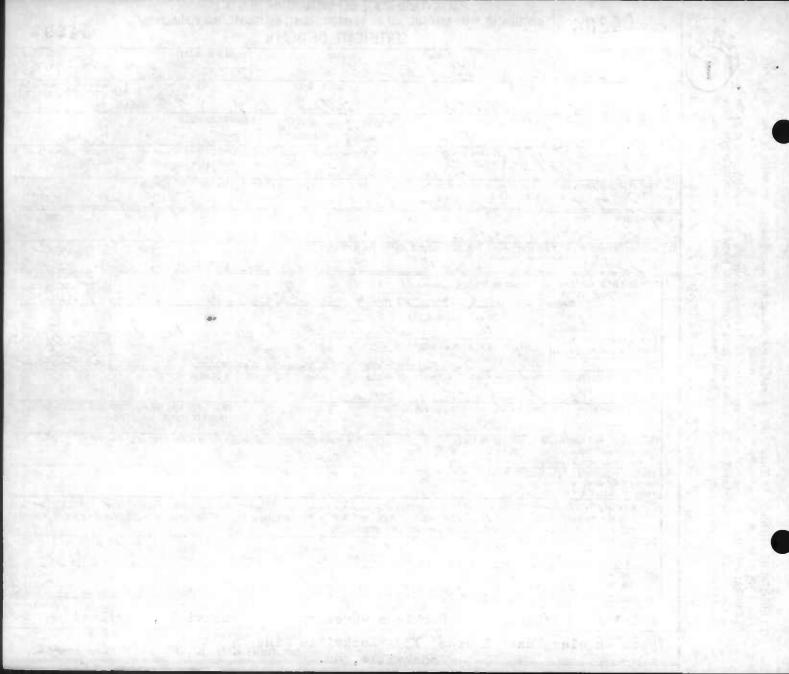
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MARYLAND STATE DEPARTMENT OF HEALTH

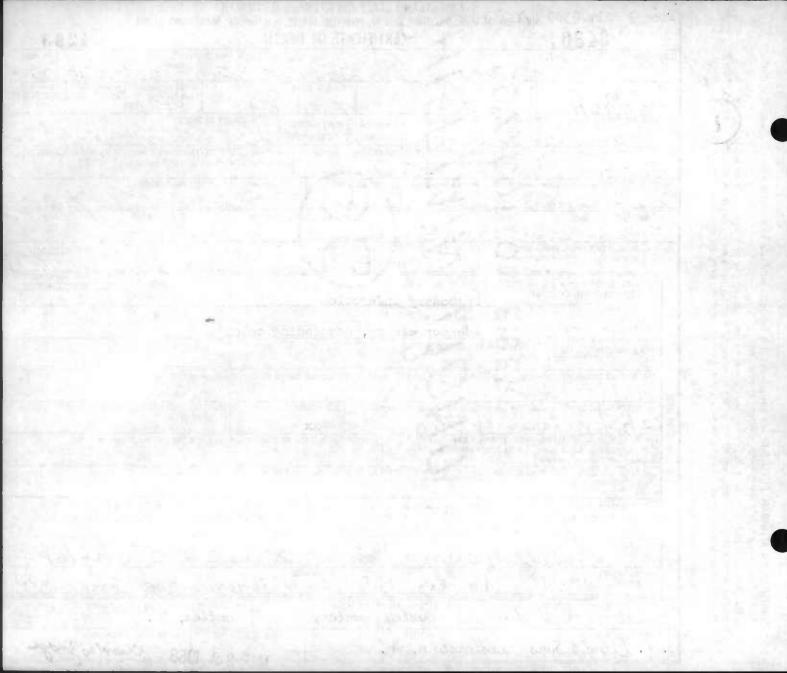
DIVISION OF VITAL RECORDS, 301 W. CERTIFI

TRESTON STREET, BACHIMORE, MARTEAND 21201	1000
CATE OF DEATH	,4292

	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
当年	(Type or print) / Month Day Year 740
高量	Little G. Embrey March 22 968 1.PM
3-	3. SEX 14. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 14 HRS.
aft aft	lost birthdey) Months Oars Hours Min
Pages urs aft	female, white That's, 1870 1/ YRS.
Part Part	70. BIRTHPLACE (State or foseign 7b. CITIZEN OF WHAT COUNTRY?) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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pad Co	eller distant 1/2 of the
豊 恵 三 り	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during prost of working life, eventh fetired.) 12. USUAL OCCUPATION (Kind of work done during prost of working life, eventh fetired.) 12. KIND OF BUSINESS OR INDUSTRY
→ B·美火 、	give sineer domesty
carb carb	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CIPTOR TOWN / 13d. INSURE CITY LIMITIS? 13e. STREET AND NUMBER
CT - 0 /) /	admission) STATE 13b. COUNTY
e e	Man Tantantant or Kullette no 4301-Bayne St.
cian and comease remave and in any ex	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
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lease and i	tolles Borondale MKNOWN
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (If yes give war or doiles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
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by the attending phy transit permit. Then crematian, ar remava	APPROVIMATE INTOVAL
DE - 0	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH
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attend permit. ian, ar r	4/0 DUE TO, OR AS A CONSEQUENCE OF
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tis Br	Conditions, if ony, which gave) rise to immediate cause (a). (b) arteriosallivles carelin resculed desere 1747
an an	Islating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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signed by the burial-transit burial, cremat	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TEXTININAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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rificate has b d for use as af Health pric	
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電車 7	OR CONTRIBUTING CAUSE OF OEATH OUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19 21-4 INJURY OCCUPED 1210 PLACE OF INJURY AND HOME FARM STREET FACTORY 2015 LOCATION STR
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
is ac	While Not while T
e de t	at work — at wark —
to to	220. I certify that (1) (this hospital) attended the deceased from may, 1962, to March 22, 1968, that (1) (we) last
A B B B B B B B B B B B B B B B B B B B	saw the deceased glive an March 4 196K, and that in (MV) (gur) apinian death occurred an the date and haur and from the
5 5 5 8	causes stated above, (I) (we) (did) (did not) view the bady ofter death.
BRE 2	22b. SIGNATURE 22c. DATE SIGNED
E SE	Lessen Cymurl Might ATTENDING MED. STAFF 1 3/23/6V
0 000	
AL pod	228. PHYSICIAN'S NAME (Type) Stanhan C Commell MD 22e. ADDRESS
o FUNERAL DIRECTOR: After this cendirector, page 3 shauld be detached shauld be filed with the State Dept.	NAME (1900) Stephen C. Cromwell, MD 615 W. Montgomeny Ave Kockville, Md
or o	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Short	Bunoya Pecify 3/26/68 Parklawn Cemetery Rockville, Maryland
5 ps	
VR A15 [4]	24. TUNERAL DIRECTOR Wheeler Funeral Home ADDRESS 31 Rockville 250 REGISTRAR 256. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 27b. REGISTRAR'S SIGNATURE
30M REV. 1/68	Rockville Md. DATE MAR 2 6 1968 Charles Judge
	KOCKVIII 9 NO.



	Ιt	em 3 Film G	399 HIVETAN	MARYLAI	ND STATE DI	PARTMENT O	F HEALT	MARYLAND 21	201		
		043	07	or rina kacokoo	CERTIFICA	TE OF DEAT	Н	,		142	93
		CEASED-NAME ype or print)	First	Middle	nd I	lost m. For	20. D	ATE OF DEATH	Day	Yeor 8	2b. HOUR
	3. SE	Male Male	4. RACE	hite		DATE OF BIRTH	12	6. AGE (In year lost birthday		UNOER I YEAR ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
	7gl. B	IRTHPLACE (State or foreign)	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUN	TOTT COO	me	nes	M
	10. C	TY OR TOWN OF BEATH		11. NAME OF HOSPITAL OR II	NSTITUTION (If not in			PATION (Kind of work orking life, even if re		12b MIND OF B	SUSINESS OR
		USUAL RESIDENCE (Where sign) STATE	deceosed lived, if in:		13c. CITY OR TO	WN /3d. INSIDE C	NO	13e. STREET AND NUMI 212-We	BER FIRE	inter	mang
1	14. F	ATHER'S NAME First	Midd	lle Loss	15. M	OTHER'S MAIDEN NAM	AE First	Mic	ddle	1	Lost VC
		WAS DECEASED EVER IN U	S. ARMED FORCES? es give war or dates af servic	16b. SOCIAL SECURITY 2/12-32	10. 17. INFO	RMAND Z	= D	hom /	lress 7/0	2-10/10	Menter
		1B. CAUSE OF DEATH (EI PART I. DEATH WAS	CAUSED 8Y:	er line for (o), (b), ond (o							ATE INTERVAL ISET ANO DEATH
		1532" Conditions, if ony, which		OR AS A CONSEQUENCE O	F	escending	color	, •			
		rise to immediate cous stating the underlying last.	ouse DUE TO,	OR AS A CONSEQUENCE O		escending	COTOL	1			
			NT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE	OR CONDITIO	N GIVEN IN PART 1(0)		1	
	CERTIFICATION	190. DATE OF OPERATION	Cancer	R WHICH OPERATION WAS F	PERFORMED	20o. AUTOPSY? YES XX NO		20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONS	SIDERED IN CER	RTIFYING
	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF DEATH HOUR			INJURY OCCURRED (Enter noture	of injury in Port 1 or	Port 2, Item	n 18.)	
	MEL	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJU			TION Street or R.F.D.	. No.	City or Town .		County	Stote
		22a. I certify that (sed alive an	attended the decea 3/25 did) (did nat) view the	19 61, and t	5/19, 1 nat in (my) (aur) ith.	968, 1 apinian d	eath accurred an	5, 19_6 the date	that and have a	(I) (we) la ind fram th
		22b. SIGNATURE	mil	Powler	M-D DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DAT	26/	68
		22d. PHYSICIAN'S NAME (Type) D A		POWERS	M.D.			NSTON DO		SOCKVI	118,16
1		BURIAL, CREMATION, REMOVAL (Specify)	3/29/68		f CEMETERY OR CR Ley (eme			OCATION (City or Town Butler, Md		(County)	(Stote)
B	7.	FUNERAL DIRECTOR F. Eline &	Sons Re	isterstown,	Md.		D BY REGIST	TRAR 2Sb. REGI	STRAR'S SIG	SNATURE SA	notate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04308 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME (Type or print) 6. AGE (In year last birthday) MDNTHS 9. COUNTY OF DEATH a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 hour 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, Wen if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 1S. MOTHER'S MAIDEN NAME First ond in 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) buriol-tronsit rise to immediate cause (a), signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [217. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) tor HOUR AM (If either, natify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark at wark 22a. I certify tha ((1) this haspital) attended the deceased from (die) (did not) view the bady after death. 19 Gand that in (my) (aur) opinian death occurred an the date and haur and from the causes stated abave, (1) (we)

TO FUNERAL DIRECTOR: After this certificate hos been director, poge should be filed

> VR A15 (4) 30M REV. 1/68

22d. PHYSICIAN'S NAME (Type)

Earle B. Thompson

23b. DATE

3/29/68

ATTENDING PHYS. DIRECTOR

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

BEMOVAL (Specify) 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION

22b. SIGNATURE

Appla Rock, Pike Tyson Wheeler Funeral Home Rockville, Md.

Fort Hill

2Sa. REC'D BY REGISTRAR DATE MAD 9 8

Lynchburg. 25b. REGISTRAR'S SIGNATURE

Ocharles

. 30933 # ESFL Mileson Godging Concern and B. R. P. 1968. J. 1 124 1841 LAL Male white present most and Vieningar R. 1854 1129 Book Dr. But grad Redd NEW Rockethe Wayleyd Mostymeny Richarles V 1124 Historich Popular Clarence Elegen Enery Lore Home a short No supplied Mother 1129 James some S. YEWIE - Williamster Congenitale Reports - Kiney 1963 Separation hidroys. The Early & Thompson I NO 2221 Pake, MW Works, IR

death.

within 72

and unera

signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers

burial, crematian, or remaval, and in any event,

after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERT	IFI(CATE	0F	DEA	TH

04903		CERTIFICATE OF DEATH		042	95
DECEASED-NAME (Type or print) Rich	ard A.	ERTZ MAN	20. DATE OF DEATH 3 Manth 8 Doy	68 Year	26. HOUR 8:45FM
. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNGER I YEAR	IF UNDER 24 HRS.
Male	White	12/23/1	lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	COUNTY OF DEATH	11 +	1- 01 11
auntry) PA	montt. USA	WIDOWED DIVORCED	4/5/1	1 ontgoi	mery

Silver Spring, Md	give street address)			vorking life, even if retired.)
a. USUAL RESIDENCE (Where deceased lived, i	f institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER

		(Where deceased	lived, it institution: Residence	before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	? 13e. STREET AND N	UMBER	
admissian) S	STATE	Md.	13b. COUNTY		Silver Spr	INO NO	15210	Loyhill	Rd.
14 FATHER'S	NAME	First	Middle	Inst	IS MOTHER'S N	AAIDEN NAME First)	Middle	

Blanche 165. SOCIAL SECURITY NO. 167 01 0643 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL

	Enter only one couse per line for (o), (b), ond (c).)	BETWEEN ONSET AND GEAT
PART I. DEATH WA		3 - 7 . 9 .
2121	IMMEDIATE CAUSE (a)	3200
000	DUE TO, OR AS A CONSEQUENCE OF	1.6
Conditions, if any, which		Types
rise ta immediate cau		0
stating the underlying	COUSE DUC TO, OK AS A CONSEQUENCE OF	
last.	(c)	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

5 1				
3	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN
			YES NO 🔀	CAUSES OF DEATH?
- 1				

2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) P.M

AT HOME, FARM, STREET, FACTORY, 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. County Stote City or Town While Not while at wark

22a. I certify that (1) (this haspital) attended the deceased from

saw the deceased alive causes stated abave, (I	an	19 7, and th	at in (my) h.	(aur) apinian d	eath a	ccurred	an th	ne date and hour and from the
22b. SIGNATURE	2	719070	ATTENDING	MED.		STAFF		22c. DATE SIGNED

	DEOREE	PHTS. DIRECTOR C	mis 1/-11
22d. PHYSICIAN'S NAME (TYPE) BLAINE H	EIG	22e. ADDRESS 9801 Deng	Jame Delmon

BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2222 Wasc. 24. FLINERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

ADDRESS IV.W. Charles Judge 1968

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to VR A15 (4) 30M REV. 1/68

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12b. KIND OF BUSINESS OR

INDUSTRY

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13	m 1 Film G399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	04900
1.	ASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
	EFFIE WILLIAMS HARCH 8	Vear 8 p
3.	4. RACE S. DATE OF BIRTH 6. AGE (In years least high day) Manufacture of the second of	DER 1 YEAR IF UNDER 24 HRS.
	TEMALE WHITE 4-21-97 70 YRS.	, only money min
70	THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY	M
		b. KIND OF BUSINESS OR DUSTRY
13	UAL RESIDENCE (Where deceased lived, if institution: Residence befare 132 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	street
2 14	HER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	Charles MMM, Fultz ANNA MMMM,	STONE
10	AS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dates of service) Address Address	AL MA
	HOSPITAL NEGORDS, TARONA IN	APPROXIMATE INTERVAL
	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	2 50 9 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
	anditions, if any, which gave)	
	se to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF	
	st. (c) D cabetes hellitis	
	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
X	Oa. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE CAUSES OF DEATH?	RED IN CERTIFYING
X	O. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	8)
	OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Manth Day Yeor	v.,
, and	f either, natify medical examiner) P.M. 19 1d. INJURY OCCURED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Cauly Value at wark at wark	inty Stote
	2a. I certify that (I) (this hospitol) ottended the deceased from 5, 19 6, 10 Monday, 19 8 saw the deceased olive on 19 8, and that in (my) (our) opinian death occurred an the date an	_, that (I) (we) lo
	saw the deceosed olive on	id hour ond from t
	2b. SIGNATURE 22c. DATE S	IGNED
	Provis Cablanta), DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR PHYS. 3 -	-9-68
1	PHYSICIAN'S BORIS RABKIN, IM.D 220. ADDRESS 1219 Upin Bld East	
2	URIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Con Buraal Specify) 23d. LOCATION (City or Town) (Con Suitland Pro Geo	Md. (State)
168 2	NERAL DIRECTOR F. Gasch's ons Hyattsville Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNA ADDRESS Hyattsville Md. 250. REC'D BY REGISTRAR'S SIGNA	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

						CERTIFICATE	OI DEATH				- 100	- 0 "
e Me	2		CEASED-NAME	First	Middle	la	t	2a. DATE O			,,	2b. HOUR
death	0	- (1	ype ar print)	pard	M	9i	ich		March Do	6	Year 968	11:12PM
5	0	3. SE	X	4. RACE		S. DAT	OF BIRTH		6. AGE (In years	IF UNDER	R I YEAR	IF UNDER 24 HRS.
# S	0		Male	73.10%	White	Me	irch 12.	1903	last bitthday)	MONTHS	OAYS	HOURS MIN
ST DO		7a. B	IRTHPLACE (State or foreign	7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEV	R MARRIED	9. COUNTY O	F DEATH			
illed in by	18	coun	try) New York		11. S.A.	WIDOWED	DIVORCED	Mant	Gomery			Md
led oppose	3	10. C	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II	ISTITUTION (If not in ha	pital 12a. USU	AL OCCUPATIO	N (Kind of wark dane	12b.	KIND OF E	BUSINESS OR
			ikoma Park		give street address)		during m		g life, even if retired.)	INDI	USTRY HOME	-1
				ereased lived i	Washington Institution: Residence before		13d, INSIDE CITY I	etared IMITS? 13e S	TREET AND NUMBER		74,040	il.
ow requires that the death certificate be executed ading physician. been signed by the attending physician and camplet the burial transit permit. Then please remaye care the burial transit permit.	15		ssion) STATE Mary	1 and 13b. Co	DUNTY Montagnery	Hillanda			1610 Green	ICAP.	1 Dr.	1.02
a ca		14. F	ATHER'S NAME First		Aiddle Last		R'S MAIDEN NAME		Middle			Last
and and rem	Lee L			Unknown		Mary Mary			Unknown			
sician please	3		WAS DECEASED EVER IN U.S	ARMED FORCES	? [16b. SOCIAL SECURITY	NO. 17. INFORMA	NT	1.0	Address		9	
physician of please	CROW, UILL	Y	es, na, ar unknawn) (If ye	s give war ar dates of s	577-09-(1524 A Ed	ith L. Fi	ich Ha	Dandale	Mari	Land	je
g ph	- Mederal Kom		18 CAUSE OF DEATH (En	er only one rou	se per line far (a), (b), and (a						APPROXIM	ATE INTERVAL
attending permit. The	13		DADT I DEATH WAS A	ALICED DV.	/4	4-	2	rail			cord	1
dec	. 8		4129	DITE	(0) Countary and TO, OR AS A CONSEQUENCE O	7 may	- Freeze				wice	
the of the	ST ST		Conditions, if any, which	(ave)	(b) Corenery	Tithing Co.	Ji Ke	nt D	11000	1	D-	25-1054
that than the by the transit			rise to immediate cause stating the underlying co	(0),(TO, OR AS A CONSEQUENCE, O	Name Act	174	out Bas			,	
quires the physician. signed by burial-traisments.			lost.	lose	(c) Queroly	1 0 1	(modorez	i		6	luk	wan.
urio urio	Berlin,		PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH BUT		RMINAL DISEASE OR	CONDITION GIV	EN IN PART 1(a)			
rec ng p	2		4201	Month.								
low ndir bee	5 4	ATIO	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS F	ERFORMED 200	. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDER	ED IN CE	RTIFYING
The after has	200	CERTIFICATION				BALL ILES	YES NO Z	CAUS	ES OF DEATH?			
or or use	0		21a. ACCIDENT WAS UNDE		TIME OF INJURY		RY OCCURRED (Ente	r nature of inj	ury in Part 1 ar Part 2,	Item 18.)	NO.
CIA Figure 1		MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOI	JR A.M. Manth Day Yea P.M.	19						
YSI cer chec	D Co	ME	21d. INJURY OCCURRED		INJURY (AT HOME, FARM, STREET, F		Street or R.F.D. No	ı. Cit	y ar Tawn	Caun	ty	State
he he this this leta	2 2		While Nat while at wark									
ING Dy t ter ter	N N		22o. I certify that (I	(t his hospit	of ottended the decea	sed fram Alexac	7_, 195	D_, to 1	larch 26, 1	968	, that	(I) (we) last
P P P	2 /2		saw the deceas	ed olive on_	Miarda 6 (did not) view the	1961, and that	in (my) (ou r) op	inion deoth	occurred on the d	ate one	d hour o	ind from the
To Rain	8		22b. SIGNATURE	bave, (I) (we	(ald not) view the	body offer death.			220	. DATE SIG	GNED	
REC 3 s	red or		Lasa.	4.	Raum	MID DEGREE OF		WED.	STAFF D		-	27 1968
	13		22d. PHYSICIAN'S	///		2	Re. ADDRESS	JIKECTOR C	rmis.	reco	w.	7760
4 may NERAL for, pa	Pos		NAME (Type) Aa	ron H	· Traum			raia Au	re. Silver	Spr	ing.	Md.
Page 4 may be ro Funes and Page 4 may be ro Funeral DIR director, page		23a	BURIAL, CREMATION,	23b. DATE	23c. NAME O	CEMETERY OR CREMA		- 2	TON (City or Town)	(Cau		(State)
Poge Poge direct	SIIS		REMOVAL (Specify)			er Hill Cer			tland, Mari			
	AR)	24.	FUNERAL DIRECTOR		n Carty 84 34 ADDRES	Sorgia Ane	25a. REC'D	BY REGISTRAR	25b. REGISTRAR	S SIGNAT	URE O	edat.
30M RB	198	W	arner E. Pum	phrey.	Inc. Silver	Spring M.	DATE M	AR 29	1968	- STA	20	0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04312 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death. pup unera (Type or print) Month 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) DAYS HOURS 12-12-1885 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED A DIVORCED and completely the 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of, working life, even if retired.) INDUSTRY Car event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES 😿 NO remave S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL by the attending 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) -BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) detached 21d. INJURY OCCURRED [AT HOME, FARM, STREET, FACTORY.] 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark at work ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fram 1959, 19, ta Was 31, 1968, that (I) (w) last saw the deceased alive an Was 31, 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the ta 14000 31, 1968, that (1) be retained causes stated abave, (I) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed 22d. PHYSICIAN'S NAME (Type) GSTO 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (City or Town) Mt. Olivet Cemetery Washington. 4-3-68

ADDRESS

Bethesda, Md.

2Sa. REC'D BY REGISTRAR

1968

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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FOR STATE HEALTH DEPT.

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in pencil in Item 18. Give Pages 1, 2, and 3 to P.M.3. Poge Dedortment of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form necessary, please execute the certificate, writing the word "pending"

This certificate should be executed within 24 hours ofter deoth

DICAL EXAMINER:

TO DEPUTY

5 may be retained for your rives.

**O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State. Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death. 5 moy be retained far your files.

VR A15ME SI

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		. DECEASED-NAME First (Type or Print)		First	Middle			Lost				KNOWN K	Month	Doy	Doy Yeor 2b.	2b. HOUR		
		,,,,	Mil	ton	XXXXXX Rodget						DEATH MATED 03			31 19 68	8 M			
7	3. SE	X	4 RACE	S. DATE OF BIR		E (In years birthday)	MONTHS	ER 1 YEAR DAYS	IF UNDER HOURS	24 HRS MIN.		PRONOUNCE				2d. HOUR		
		male	whit	e 2/12		59 YR	1 10000	DATS	HOUKS	min.	Mont		Doy 31	Yeo		8 M		
9	7a. B	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WHA		B. M	ARRIED	NEVER MAI	RRIED	9. COU	INTY OF D	EATH		Day of				
	count	Maryla	nđ	U.S.A		WIDOWED D DIVORCED D				N	ionta	omery				Md		
	10. CIT OK TOWN OF DEATH 11. NAME OF HOSPITAL OK INSTITUTION (II HOT HI ROSPITAL OCCUPATION (KING OF WORK GORE 1.													SINESS OR				
9		Olney		M	ontgomery	Gen	eral		_ S	ales	man	10.74	· ·	Olney, Market Ma		ry		
2				ceased lived, if institut	tion: Residence before	Ca	tons.		d. INSIDE CITY			ET AND NU						
5	odmission) STATE Maryland 13b. COUNTY Baltimore Catonsville XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										Way							
3	14. F	ATHER'S NAME	First	Middle	Lost 15. MOTI			HER'S MAIDEN NAME First			Middle			1116	Lost			
		,	Thomas		Fishe	r								Sch	lit	Z		
		WAS DECEASED EV	/ER IN U.S. ARM		16b. SOCIAL SECURITY N		17. INFOR	MANTMe	ii cal	Rec	odds	Depte	ESS					
932	(1)	es, na, or unknav	VII) (lf ye:	s give war or dates af service)	var or dates af service) 213-05-4756				Montgomery General Hospital, Oli							nev. Md.		
		1B CAUSE OF	DEATH (Ente	r anly one cause per lin	perfor (a), (b), and (c),)								A	PPROXIMATE			
7		18. CAUSE OF DEATH (Enter only one couse per liperfor (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF											BEI	WEEN UNSEI	ANO DEATH			
		Conditions, if any, which gove)																
		ise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF																
		last. Coronary action heart direct																
í i	0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																
3	TION	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION										20	AUTOPS	Y?				
	CERTIFICATION	WAS PERFORMED?									YES NO T							
	ERTI	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item											Item 181	100				
		PRIMARY OR CONTRIBUTING HOUR A.M.									0: 1011 2, 1	10.1						
	MEDICAL	CAUSE OF DEAT		P.A	1.				If. LOCATION Street or R.F.D. No.			City or Town				County State		
		WHILE NOT WHILE foctory, office building, etc.)									Coom		31016					
П			AT WORK				1					-		_				
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		death re	sulted from	n: Natural caus	es , Aceiden		Suicid	e [],	Mamicia	le [_],	Undé	termined	manner					
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	5	SIGNATURE	1	Lelen	11/2	e	40	M.D. ASSI	STANT MED	ICAL EXA	MINER		22b. DATE	TE SIGNED				
2		EXAMINER'S		/	1/2	as a	1. 1		HTY MEDICA				1/3	111918				
		NAME (Type)	CTTC	DENK	1506	PI	MIL		REST TIPE				1	1	16	, ,		
1		BURIAL, CREMA	ifu)	23b. DATE	23c. NAME OF				BELL I	23d.	LOCATION	(City or To	own)	(County)	(5	Stote)		
)		BURIA (Specify)		4-4-1968 Woodlawn Cemetery						Woodlawn, Maryland								
	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE																	
0	H	Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE APR 3 1968																

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04300

	ECEASED-NAME Type or print)	Fir		Middle		Lost	N.	20. DA	TE OF DEATH MARCH	Qoy.	68	2b. HOUR	
3. SI	FX	STEPH	4. RACE	NMN	F	S. DATE OF			6. AGE (In year	15	IF UNDER 1 YEAR	8:32PM	
	MALE		CAUC			OFER			lost birthdoy)		AONTHS DAYS	HOURS MIN	
7o.	BIRTHPLACE (Stote ntry) FLA	or foreign	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIED WIDOWED	☐ NEVER M		1.50	Y OF DEATH TGOMERY	183.	7 37	Mo	
10.	CITY OR TOWN OF	DEATH	11. giv	NAME OF HOSPITAL OR II e street address) NAVAL HOSP	NSTITUTION (IF	not in hospitol			ATION (Kind of work or rking life, even if retin		12b. KIND OF INDUSTRY	BUSINESS OR	
130.		(Where dece	nsed lived if instit	ution: Residence before			13d. INSIDE CITY YES N		3e. STREET AND NUMBE 216 KALASH				
14.	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S	MAIDEN NAME	First	Midd	dle	196	Lost	
		NOMYA		FLANAG			ELI	EN			W	HALEN	
	Yes, no, or unknown) (If yes give war or dates of ser			16b. SOCIAL SECURITY NO. 17. INFORMANT					Addre				
	NO					RAYMON	DAFL	ANAGA	N 216 KALA	SH I	H RD APPROXIMATE INTERVAL		
	18. CAUSE OF D PART I. DEA	TH WAS CAU	only one couse per SED BY: DIATE CAUSE (o)	line for (o), (b), ond (o		ory ar	rest					DNSET AND DEATH	
CERTIFICATION	isse to immediate couse (o), stoting the underlying couse (o). Our AS A CONSEQUENCE OF (c) Congenital heart disease; tetraology of fallot; inter-atrial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) septal defect 7540 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes										Cect		
MEDICAL CERTI	YESX NO CASS OF DEATH YESX												
MEC	21d. INJURY OCC While Not w	CURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town ork)								County	Stote		
	220. I certify that (1) (this hospital) attended the deceased from Feb. 27, 19 68, to March 15, 19 68, that (14) (we) lost saw the deceased olive an March 15 19 60, and that is (15) (our) opinion death accurred an the date and hour and from the courses stated above (1) (we) (did) (
	22b. SIGNATURE	The	rel		DEC	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.		r 18,	1968	
	72d. PHYSICIAN'S NAME (Type	F. X.	LOEB, M.				aval Ho		al, Bethes		The same of the sa	and	
230	BURIAL, CREMATIC REMOVAL (Specify BULL 18 1)		3-20-68	23c. NAME 0 Barra	r CEMETERY O	R (REMATORY ationa	1 Cemet	ery 23d. LC	Pensacola	, F1	(County) Lorida	(Stote)	
	FUNERAL DIRECTOR			umphrey Bethesda.		Home	2So. REC'D		AR 1968 REGIST	TRAR'S SI	IGNATURE	udgen	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Janes shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deathealth. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death.

VR A15 (4) 30M REV. 1/68

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Lee Fun. Home 300 4th St.NE Wash., D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV, 1/68

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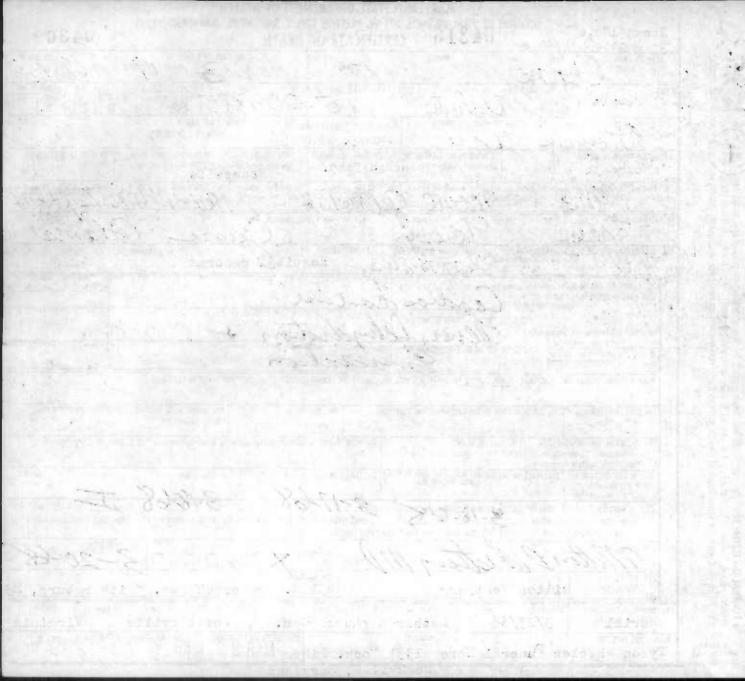
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04303 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR GARDNER 400A M. March Month 21 Doy 1968 (Type or print) Williamina IF UNDER 1 YEAR IF LINDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Oct. 5, 1891 HOURS Caucasian Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Montgomery Scotland USA WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired.) Naval Hospital Bethesda 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 9624 Burke View Ave. Burke 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Last Isabell Taylor William Mitchell Burke, Va. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, nevor unknawn) (If yes give war or dates of service) 034-16-8648 Mr. William E. Gardner, 9624 Burke View Ave. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Adenocarcinoma of the stomach with metastases IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? Yes YES X NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Mar. 20 , 19 68, ta Mar. 21 , 19 68, that (1) (we) last saw the deceased alive an Mar. 21 1968, and that in (2012) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (364) (364) (iii) (22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 21 March 1968 DEGREE PHYS. Naval Hospital, Bethesda, Maryland W. J. Fouty, M. D. NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) Howard Street Northboro, Massachusetts REMOTAL (Specify)

VR A15 (4) 30M REV, 1/68

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O FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTENDING PHYSICIAN: 7

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24. FUNERAL DIRECTOR Falls Church Funeralpoliome 1102 West Broad Street, Falls Church, Va.

25b. REGISTRAR'S SIGNATURE

DESCRIPTION OF STREET To a second seco African View Man (1998) And Andrew Man (1998) And Andrew Man (1998) And Andrew Man (1998) And Andrew Man (1998) Andrew M WITH THE RESERVE AND ADDRESS OF THE PARTY OF Three was a line of the state of the state of the SUNDANCE OF THE PARTY OF THE PA

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04318 CERTIFICATE OF DEATH 34304 death, 20. DATE OF DEATH DECEASED-NAME Middle 2b. HQUR 24-bours after death and (Type or print) by the funeral S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX . 1886. AGE (In years IF LINDER 24 HR MONTHS DAYS HOURS 81 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED EIRTHPLACE (State or foreign country) DIVORCED [WIDOWED X 12b. KUND OF BUSINESS OR INDUSTRY within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST 12a. USUAL OCCUPATION (Kind of work do INTION (If nat in haspital ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street address during mostrof working life oven if resired.) please remave carban in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Lae. STREET AND NUMBER STATE admission) 13b. COUNTY COLTON POINT YES 14. FATHER'S NAME MOTHER'S MAIDEN NAME FIRST MARY ENIZABETH RUSSELL Middle and 17, INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, or unknown) (If yes give war or dates of service) cremation, ar remayal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 5-4 _1962, and that in (my) (our) opinian death occurred on the date and hour ond from the saw the deceased alive onbe retained director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE) 22c. DATE SIGNED TO HOSPITAL OR DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, BURIAL (Specify) ST. MARY S. MARYLAND MARCH9. 1968 SACRED HEART CEMETERY BUSHWOOD, REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 1968 LEONARDTOWN, MARYLAND W. CLARKE MATTINGLEY

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	ECEASED-NAME First		Middle		Lost	2a. DATE OF D			2b. HOUR
(1	ype or print) WAI	Lan E	Indrew	(-0	ntripe	Magi	Month 26 Doy	1968	230
			ruren	CC	11111				~ p.
3. SE		4. RACE	1,	S.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	-		treet address)	- · ·	1 during ma		fe, even if retired.)		
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	issign) STATE	13b. COUNTY -	(1/1	. 1	I VECTES NO		01		D 1
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14. 1	ATHER'S NAME First	Middle	Lost	15. A	NOTHER'S MAIDEN NAME Fir	st	Middle		Lost
	Tabo		1	12.0		110		2/2	
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	WAS DECEASED EVER IN U.S. AR	MED FORCES?	18-30- AT SECURITY AD	אר קיו ליו קיו	DRMANT	0	Address		
ı	es, na, or unknown) (If yes give	war or agres or service)	011-10-01	"	Hospital	Keco	rds		
								APPROXIA	MATE INTERVAL
	18. CAUSE OF DEATH (Enter of	nly ane couse per line		- V	" at			BETWEEN OF	NSET AND DEATH
	PART I. DEATH WAS CAUSE	IATE CAUSE (o)	entroube	- (-1)	Moitsfind			30	minis
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	Conditions, if any, which gave		S A CONSEQUENCE OF		1:1	Arction	,	773	hur
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	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE ORCC	INDITION GIVEN	IN PART I(o)		
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MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYI	ING 21b. TIME OF	INJURY	21c. HOW	INJURY OCCURRED (Enter	nature of injury	in Part 1 or Port 2, 1	Item 18.)	P 71.00
8	OR CONTRIBUTING CAUSE OF DEA		Month Doy Yeor						
EDI	(If either, notify medical exam		19						
>	21d. INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	() 21f. LOCA	TION Street ar R.F.D. No.	City o	r Town	County	State
٩.,	While Not while at work		orrice dollarito, ere						
	22a. I certify that (I) (th	his hasnitall atta	nded the deceased	from ()	10 L	n to M	200 la 21 10	1.C that	(I) (wa) las
	22a. I certify mai (i) (ii	alian aspiral) arre	nded the deceased	nom ond	hat in (my) (aur) apin	, IU	11 Co Co, 17	<u> </u>	(we) las
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	causes stated abav	e, (1) (we) (ala) (ala nat) view the ba	ay affer de	uin.	1.00			
	22b. SIGNATURE	2000	- /		ATTENDING ME	n —	CTACE	DATE SIGNED	
	of hierall	. Wille	M Jonas J	DEGREE	PHYS. DI	RECTOR .	PHYS. 2	80 1015/	
	22d. PHYSICIAN'S		226	,	22e. ADDRESS		1 1 1	1,,1	. 1
	NAME (Type)	. +1 Tra	All Cormi	ck	4316 Clo	igett 8	tout H. b	sville	Mg.
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23 a.		DATE	23c. NAME OF CEA	NETERY OR CR	EMATORY	23d. LOCATION	(City or Town)	(Caunty)	(State)
	REMOVALISPORTY 1 3	/29/68	Ft. Line	n for	Cemetery	Colms	ar Manor	. Md.	
24						DECICEDAD	OCL DECISTANCE	SIGNATURE (1)	
24.	FUNERAL DIRECTOR Nalle		eral ADDRINT	Rain	ier, 250. RECD BY	19	368 KY	The same	177
	Home Inc		Mary	Land	DATE	177	V	U.	· C.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion ond completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pehould be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 haurs.

OM REV. 108

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death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Per should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs

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	CEASED-NAME ype ar print)	GER-	First RIJDE		Middle NOKE		lost BER	2a. DA	TE OF DEATH Manth MARCH	Day	Year 1968	2b. HOUR
3. SE	FEM.	ALE	4. RAC		CASIAN	S	8 /12/18		6. AGE (In year last birthday)			IF UNDER 24 HRS. HOURS MIN
7a. B caun	IRTHPLACE (String) PENA	ate ar fareign		N OF WHAT	4	WIDOWED		2.	NTGOM	ERY		Md
10. C	Koma	OF DEATH		give stre	E OF HOSPITAL OR INS bet address) SELLING TON	SAN	during r	nast of wa	ATION (Kind of work rking life even if reti		12b. KIND OF BI INDUSTRY DECY- U	USINESS OR
13a. admi	USUAL RESIDER	NCE (Where de	eceased lived, i		: Residence before	13c. CITY OF T	OWN 13d. INSIDE CITY	LIMITS?	30. STREET AND NUMB	ER		mixim
14. F	ATHER'S NAME	First ERM)		Middle H	URSHMI		MOTHER'S MAIDEN NAME	First LVI	Mid		OTTL	Lost IEB
	WAS DECEASED es, na, ar unkn		ARMED FORCE give war or dates of		66. SOCIAL SECURITY N		ORMANT HOSPLTA	4	RECOR			
	1B. CAUSE O PART I.	DEATH WAS CA	AUSED BY: MEDIATE CAUSE	(a)	P		TODENIA	RE	3 11/1	1575		ATE INTERVAL SET AND DEATH
	rise ta imme	any, which go diate cause of underlying ca	ave)	(b)	A CONSEQUENCE OF		APY FOR ME	5315307		omA	7	YEARS
	PART 2. OTHI	ER SIGNIFICANT	(ONDITIONS	(c) CONTRIBUTIN			THE TERMINAL DISEASE OR				12)	2465
CERTIFICATION	19a. DATE OF (OPERATION	19b. CONDITION	FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	30	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONS	IDERED IN CER	RTIFYING
MEDICAL CER		T WAS UNDER	F DEATH HO	TIME OF IN UR A.M. P.M.	NJURY Manth Day Year 19	21c. HOV	V INJURY OCCURRED (Ent	er nature o	of injury in Part 1 ar F	Part 2, Item	1 1B.)	
ME	21d. INJURY While No	OCCURRED		INJURY (AT	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	10RY.) 21f. LOC	ATION Street ar R.F.D. N	a.	City ar Tawn	(County	State
	saw t	he decease	d alive an_	^	ded the decease	9.68, and	that in (my) (aur) apath.	ر <u>چ</u> ک pinian de	a Mecet Coath occurred an t	2, 19 <u>6</u> , he date	E, that sand haur a	(I) (we) las
i	22b. SIGNATU	RE -SC	The dead	2-6	relunas	DEGRE	11173.	MED. DIRECTOR	STAFF PHYS.	MA	esigned ecot 6	
	22d. PHYSICIA NAME (T	ype) Roc	ERT	114	RICHMAR	m.d	22e. ADDRESS		ALASKA AVI		20012	
	BURIAL, CREM REMOVAL (Spe Burial	ecify)	23b. date 3-8-68			srael (Cemetery	Lar	OCATION (City or Town caster		County)	(State)
			ald M. I Fringer		a ADDRESS		P. C. DAMAR	BY REGISTI	1968 2Sb. REGIS	TRAR'S SIG		6

St., NW, Wash, D.C.

VR A15 (4) 30M REV. 1/68

Hebrew Memorial Funeral Home

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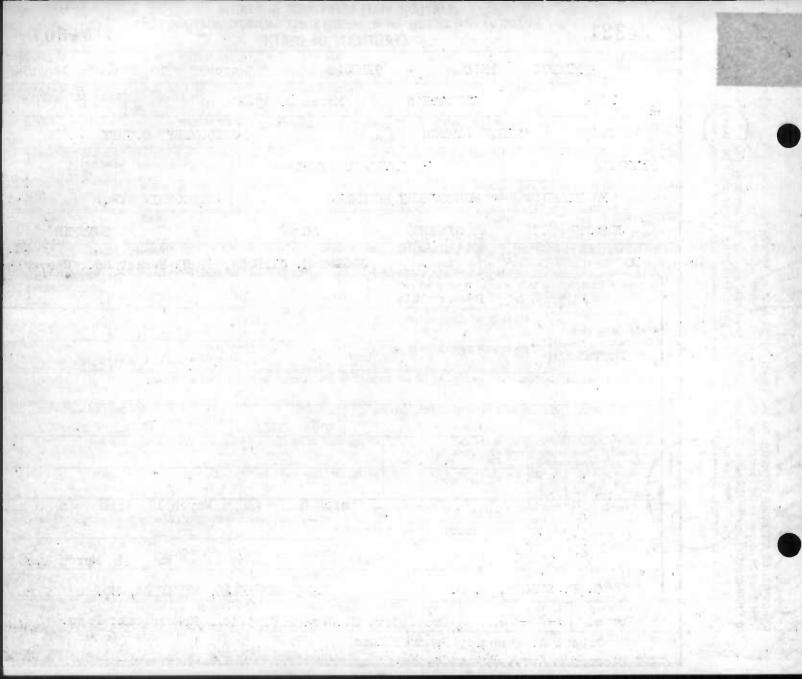
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04307

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1.	DECEASED-NAME (Type ar print)	PATRI		Middle IALCOM	GIB	BONS		arch Me	outhIO Day	68 Year	2b. HOUR
3.	SEX M	ALE	4. RACE	CAUCASIAN		S. DATE OF BIRT	8, 1968	last	(In years birthday) — YRS.	MONTHS DAY	
	BIRTHPLACE (Statements) MARY			D STATES	WIDOWED		D M	ONTGOME		NTY	Md.
10	BETHES		11. giv	NAME OF HOSPITAL OR INS e street address) US I	INTUTION (If n	at in haspital HOSPITAL		CUPATION (Kind of warking life, ev		12b. KIND (INDUSTRY	OF BUSINESS OR
13	a. USUAL RESIDENC missian) STATE]	E (Where deced MARYLAN	sed lived, if instit D 13b. COUNTY	utian: Residence befare MONTGOMERS	13c. CITY OR BETH	TOWN 13d	ES NO .	13e. STREET AN	D NUMBER NSIN A	VE.	
14	JO	First SEPH	Middle M	GIBBONS	6.11	S. MOTHER'S MAID AGN		E	Middle	SWIT	
1	Sa. WAS DECEASED Yes, na, pronknav		MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N		OSEPH M.	GIBBON	s, 570 x 3	Address Forest		Md Cheverl
	7/2	0		BUTING TO DEATH BUT NO		O THE TERMINAL D		20b. IF YES, W	ERE FINDINGS C	ONSIDERED IN	CERTIFYING
	(If either, natif	G CAUSE OF DE	HOUR A.M	1. Manth Day Year		YES TO OCCUR		CAUSES OF DE	100	Item 18.)	
	While Nat	work		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City ar Taw		County	State
	22a. I certi saw th causes	y thot (1) (t e deceased stoted obov	his hospital) a alive on re, (K) (we) (dia	ttended the decease l	d frem 9, an bady ofter	d thot in (my) deoth.	(our) opinion	, to <u>Marc</u> i deoth occurr	b 10, 19 ed on the da	<u>68</u> , th te and hou	ot X1) (we) last or ond from the
	22b. SIGNATURE	ye	was		DEGI	ATTENDING PHYS.	☐ DIRECT	OR STAF		DATE SIGNED 1 Mar	ch 1968
110	`	eG. P.	SWARTZ,	M. D.	CEMETERY OR		L HOSPI	TAL, BET		MD.	(State)
	Ba. BURIAL, CREMA REMOVAD (Spec	Mal 3.	DATE -15-68	Grand	view,	St.Josep	oh Divis	ion, Mc	Keespor	t, Pen	
2				hrey Funers		e 2	So. REC'D BY REC	GISTRAR 25	b. REGISTRAR'S	SIGNATURE	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68



THE RESERVE OF THE SECOND PORT OF SECOND 00000 in the state of th Section 1 (a) 1 (a) in the section of the section

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH GTBSON Lee March 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) Caucasian March 17. 1968

04309

2b. HOUR

Kathy SE LINGER I YEAR 3. SEX 36 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED T NEVER MARRIED X WIDOWED [DIVORCED [Montgomery Bethesda, Maryland
10. CITY OR TOWN OF OEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Bethesda Naval Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY 205 England Terr. Montgomery Rockville Middle 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Lost Carolyn F. Sarber Terry L. Gibson Address 205 Englanderr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT N/A Carolyn F. Gibson Rockville, Md.

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congenital Congenital anomaly; sequester lobe left lung. DUE TO, OR AS A CONSEQUENCE OF with massive atelectasis of lungs bilaterally Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH?

YES 🗍 NO 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M.

21d. INJURY OCCURREO 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work

22a. I **certify** that (I) (this haspital) attended the deceased from <u>17 March</u>, 19<u>68</u>, to <u>17 March</u>, 19<u>68</u>, that (I) (we) last saw the deceased alive an <u>17 March</u> 196819 ____, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22c. DATE Warch 1968 **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e ADDRESS Naval Hospital, Bethesda, Md. 22d. PHYSICIAN'S J. Tomasovic, M. D. NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE (County)

3/22/68 Arlington National Cemetery, Arlington, Virginia 250. REC'D BY REGISTRAR 36 25b. REGISTRAR'S SIGNATURE OATMAR 2 6 1968 24. FUNERAL DIRECTOR Tyson-Wheeler Funeral Thome

1331 East Montgomery Ave. Rockville, Md.

04323

First

DECEASED-NAME

(Type or print)

22b. SIGNATURE

requires that the deoth certificate be executed within 24 hours after death.

physicion ond completely filled in by the funeral en please remove carbon papers. Pages ond oval, and in ony event, within 72 hours after deals

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signed by

O FUNERAL DIRECTOR: After this certificate hos been

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VR A15 (4) 30M REV, 1/68

A STATE OF THE STA nali lai es vi mitrione i Zonos laitusellis. Inselecti nesi la sindholese sylvan Xiv magazia vi m Three de l'accepte (c. 11. 11. 12. Toront l'application (de l'Article de l'Article

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04310 CERTIFICATE OF DEATH

	ASED-NAME be or print)	First	Middle	Lost	2a. DATE (OF DEATH Day	Year	2b. HOUR
	-	TOMES	E.	61241	3	march 1	1, 1960	M
3. SEX	22 1	4. RACE	1.1	S. DATE OF BIRTH	- 1001	6. AGE (In years lost birthdoy)	MONTHS DAYS	HOURS MIN.
	MALE		HITE	00.13	11896	7/ YRS.		
7o. BIR	THPLACE (Stote or foreign	n 7b. CITIZEN OF W	/HAT COUNTRY? 8. MA	RRIED NEVER MARRIED	9. COUNTY O	OF DEATH	. 1	,
cuomin	" MOINE	- 0	JA. WID	OWED DIVORCED [] MON	TOOMER)	(oc	Md.
10. CITY	Y OR TOWN OF DEATH	-ive	NAME OF HOSPITAL OR INSTITUTION (Street oddress)			N (Kind of work done og life, even if retired.)	12b. KIND OF B	BUSINESS OR
2	ILVER 21	PRINO	2015 Yousill	FIT HIGHE	ayl C.P.	A.		PA
13a. US	SUAL RESIDENCE (Where	deceosed lived, if institu	rtian: Residence before 13c. C			STREET AND NUMBER		Transfer
uulili33	ion) STATE Maryla	and 138. COOMT	Montgomery Si	lver Spr. YES	X NO 86	04 Sundale	Drive	
14. FAT	THER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN	NAME First	Middle		Last
	100	seph	6141.	5 A. N.	na Cal	win		
	NAS DECEASED EVER IN U.	S. ARMED FORCES? as give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT		AddreSi]	lver Spr	ing, Md
163	, no, or onknown)	1.W. T.	579-07-0094A	Corinne M	Gillis	8604 Sunda	le Drive	e
14	8. CAUSE OF DEATH (En		ine for (o), (b), and (c).)		11			NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	leute puole	mederiti.	alrouis	Mulouselute	(on	enitte
	2509		AS A CONSEQUENCE OF	11	- 0.0	1	2	
G	anditions, if any, which	gave)		Killerin.	RPH		302	kan
	ise to immediate cause tating the underlying c	("),	AS A CONSEQUENCE OF		7-7			
	ast. 260 Y	(c) (c)	Vestette !	rellitu			3034	en
P	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISE	ASE OR CONDITION GIV	VEN IN PART 1(a)	0	
×	alle	io-cleral	Hernelly	your dear	1 Disea	el		
CERTIFICATION	90. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORM	ED 20a. AUTOPSY?		IF YES, WERE FINDINGS C	ONSIDERED IN CEI	RTIFYING
E	-			YES 🗀	NO CAUS	SES OF DEATH?		
	a. ACCIDENT WAS UND			21c. HOW INJURY OCCURRED	(Enter noture of in	jury in Part 1 or Port 2,	Item 18.)	
	OR CONTRIBUTING CAUSE of either, notify medical of		Manth Doy Year	-				
	21d. INJURY OCCURRED			21f. LOCATION Street or R	.F.D. No. Ci	ty or Town	County	State
qt	While Not while at work		COTFICE BUILDING, ETC.					
	2a. I certify that () (this hospital) at	tended the deceased fra	m Jenes	, 1962, 10/	march, 19	68, that	(1) (we) last
	saw the deceas	ed alive an 29	Jel 1960	and that in (my) (o	ur) opinion death	occurred on the do	ote ond hour a	and from the
		ibave (1) (we) (did	(did not) view the bady	offer deoth.		T and		
2	2b. SIGNATURE	Y	1 600	ATTENDING	MED.	STAFF	DATE SIGNED)
0	2d. PHYSICIAN'S	e people	e fi vy	DEGREE PHYS.	DIRECTOR	PHYS.	1/68	
2	NAME (Type)	11. 9.0	Vancanti	22e. ADDRESS	Conen	AJE NO	11/AS 11	,De
,	VI	ON DATE	LOS MANT OF COURT	DV OD COSMATORY	1004 1004	TION (Cit. or Town)	W. Th	(Chata)
230. B	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE	23c. NAME OF CEMETE			TION (City or Town)	(County)	(Stote)
	Burial I	2-5-68	Gate of		REC'D BY REGISTRAR		ont.	Md.
24. 10	MENAL DIRECTOR	06.	3821 ADDRES TE		A 10	25b. REGISTRAR'S	De Vers	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the fundirector, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion.

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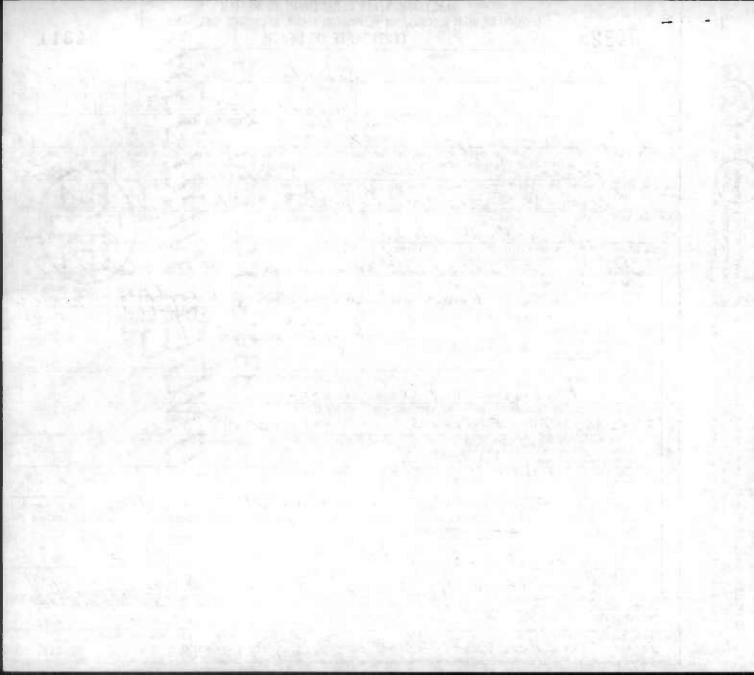
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VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 043 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle First 2b. HOURdeath. 24 haurs after death and (Type or print) Month eral IF JANDER I YEAR 3. SEX 4. RACE 6. AGE (In years lost birthdoy MONTHS DAYS HOURS male COUNTY OF DEATH 7o. PRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .⊆ WIDOWED DIVORCED [eq 10. CITY OR TOWN OF DEAT 11. NAME OF HOSPITAL OR MISTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of 2b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed—within give street oddress during most of working life, even if retired carban 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER evel 13b. COUNTY remov any MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle physician and and in 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na. or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Recurren 2 MONTHS 0 IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gove burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20 AUTOPSY? CARC. ESUPHAGUS CAUSES OF DEATH? 24RS AGO YES 🗔 NO TO use Health haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year TO. P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while of work ATTENDING March 1. 1960, to Plazel 22a. I certify that (I) (this hospital) attended the deceased from March 10 19 6 & and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive anbe retained shauld causes stated abave, (1) (and (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. directar, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN'S NAME (Type) 12 0 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY

VR A15 (4) = 30M REV. 1/68.

24 FUNERAL DIRECTOR



4326

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospital or attending physicion.

VR A15 (4 30M REV. 1)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed in by he funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 fraurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	04312
	ECEASED-NAME TOHN HERMAN GLOVER MAR Month 1 Day 196	Year 25 M
3. SE	Male 4. RACE White S. DATE OF BIRTH XXXXXX 88 8/28/13 6. AGE (In years lost birthdoy) 54 YRS.	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN
coun		Md. KIND OF BUSINESS OR DUSTRY STATIO
13o.	ilver Spring give street address)Holy Cross during most of warking life, eyen if retired.) INC USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPUBLIC RESIDENCE	ERVICE
	FATHER'S NAME First CLOVER IS. MOTHER'S MAIDEN NAME First Middle	Lost
	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates af service) 423-01-6109 M.R.S. J. M. G-LO VER-A	BOVE
	18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE, RECURPENT MYD CARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse (a), stating the underlying couse (ast. 4 1) ON AS A CONSEQUENCE OF (c) WHATESTED BY FIRST INFARCT.	BETWEEN ORSET AND DEATH 19 DAYS 10 CIL 1966 ON
CATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HERRY YOUR OLY	RICEMIA-
MEDICAL CERTIFICATION	YES NO CAGSS OF BEATHY 21a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 19 YES NO CAGSS OF BEATHY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 13 19	8.)
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Cau While at work at wark	nty State
	220. I certify that (I) (this haspital) attended the deceased from 2 FCB, 19 65, saw the deceased olive on 1965, and that in (my) (our) opinion deoth occurred on the date on causes stated above, (I) (we) (did) (did not) view the body after deoth.	nd hour ond from the
	22b. SIGNATURE 22b. SIGNATURE DEGREE PHYS. DIRECTOR STAFF 22c. DATE S PHYS. 22d. APHYSICIAN'S 22e. ADDRESS	IGNED 1ACCH GE
	NAME (Type) J. RICHARD COMPTON 612 MAINST, LAURE	
1	SEMOVAL (Specify) 3-4-68 Sanage Cem Sanage h	unty) (State)
24.	ADDRESS 250. REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNA MAR 1 3 1968 FEGISTRAR'S SIGNA	ar ()

2 (20/13) 3 (3/2/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) 5 (13/13) monten ry il. r r n (v rere mar diar

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04313

and 2	M		ECEASED-NAME First Middle Colds to MAR Month 11 Day 68 Year 20. DATE OF DEATH A PR Month 11 Day 68 Year 9-45 M.
		3. SE	S. DATE OF BIRTH S. DATE OF BIRTH 6. AGE (In years ligurder 1/ YEAR IF UNDER 24 HRS. lost birthday) 7 YRS. WONTHS DAYS HOURS MIN.
n 72 hay		coun	KUSSIA LLID, WIDOWED NORCED VIONIGOMERY Md.
completely fille ove carban po y event, within	90	S	111. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital) 12a. USUAL OCCUPATION (Kind at wark dane) 12b. KIND OF BUSINESS OR INDUSTRY 12a. USUAL OCCUPATION (Kind at wark dane) 12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (Where degrased Ived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
i comple move co	15	admi	ASSIGN STATE 13b. COUNTY 10 ST SILVER SPRING YES NO 1235 Ookleaf Dr. FATHER'S NAME First Middle Lost 15s. MOTHER'S MAIDEN NAME First Middle Lost
an and ase rem	1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 12-INFORMANTAddyess
physician en please aval, and		10d. Y	(es, no, or unknown) (If yes give wor or dates of service) NONE TODOLPHEOLOGIEN DELESTORY, N.Y. APPROXIMATE INTERVAL
signed by the attending physician and completely filed in by the fursional burial-transit permit. Then please remove corban papers of pour burial, tremption, or removal, and in any event, within 72 haurs after			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Deart Failure Congestive Fluxes.
y the at ansit pe			Canditians, if any, which gave rise to immediate couse (a). (b) Myocardial Deart Cuse as DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF
gned b rrial-tro			stoting the underlying cause (c) Consequence of the underlying course (c) Consequence of the underlying cause (c) Consequence of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in part 1(o) of the terminal disease, Or Condition Given in the terminal disease, Or Co
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has b	2	CERTIFICAT	YES NO KAUSES OF DEATH?
rrificate ha		MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
this cert detached te Dept. a			21d. INJURY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town County Stote
After d be			22a. I certify that (I) (this hospital) attended the deceased fram FEE (c., 1968, ta 3-//-, 1968, that (I) (w) last saw the deceased alive an 3-//- 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.
			226. STGNATURE ATTENDING MED. STAFF DIRECTOR STAFF 3-11-68
FUNERAL DIR director, page should be filed	1	-	22d. PHYSICIAN'S NAME (Type) SAMUEL A. HILLMAN, MD. 22e. ADDRESS 8829 FLOWER AVENUE SILVER SPRING, MD. 20901
TO FUNER director,		j	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
VR A15 30M REV.	(4) 1/68	100	FUNERAL DIRECTOR ADDRESS ADD

24 Thours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Day 3 O Year 68 (Type ar print) Month 3 JAMES SONGWER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER | YEAR IF LINDER 24 HRS lost birthday) MONTHS HOURS August 5 White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [Montgomery Ohio 12a, USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Consulting Engineer T X Employed 10500 Rockville Pike Rockville event, 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES . NO 10500 Rockville Pike Rockville Montgomery_ Maryland 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Minnick Clara Gongwer 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) (If yes give war or dates of service) Genevieve B. Gongwer, Wife, Same as #13 577-09-2378 crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORUMARY Immed. cute DUE TO, OR AS A CONSEQUENCE OF RTERIUSCIEROTIC CORUNARY Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei RTERIOSCLEROSIS burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to ELLITUS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO P far use Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year of (If either, natify medical examiner) P.M. Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at work page 3 shauld e filed with the 221 SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS directar, pa should be f NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) 4/2/68 Rockville, Montg., Md. Parklawn Cemetery Buria

5130 Wisconsin Ave., N.W.

2Sa. REC'D BY REGISTRAR

DATEAPR

1968

2Sb. REGISTRAR'S SIGNATUI

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

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FUNERAL DIRECTOR: After this

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24. FUNERAL DIRECTOR

Joseph Gawler's Sons, Washington, D.C.

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REGISTRAR'S SIGNATURE

VR A15ME (5)

24. FUNERAL DIRECTOR

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IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

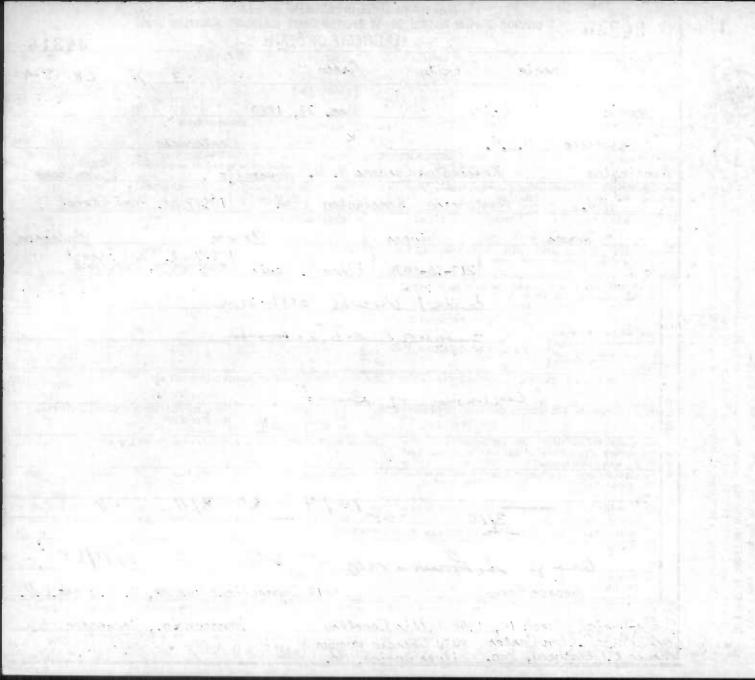
DIVISION	OF	VITAL	RECORDS,	301	W.	PRESTO	N ST	REET,	BALT	MOR
				CER	TIF	ICATE	OF	DEA	TH	

	1 2 0 0		CER	TIFICATE OF	DEATH			4316
	ECEASED-NAME (ype ar print)	Carrie	Emily	Green		2o. DATE OF DEATH Month	Day Yeor	
3. SE	X Temale	4. RACE	te	S. DATE OF I		6. AGE (In year last birthday		
cour	BIRTHPLACE (State or foreintry) Sennesse	e U.S.A.	_WI		ORCED	Montgomery		Md
K	ensington	Rive	street address Gar	dens N. H.	during mast	OCCUPATION (Kind of work of working life, even if ret	rired.) INDUSTRY	of Business OR n Home
	USUAL RESIDENCE (Where issian) STATE Md.	deceosed lived, if institution 13b. COUNTY	11	CITY OR TOWN	YES NO NO	10547 St.	Paul Str	eet
14. F	FATHER'S NAME First	Middle	Last		MAIDEN NAME First		ddle	Lost
	Tho	mas	Givens	D.T. INCOMANY	Ele	anor		Inderson
Y	(es. na, or unknawn)	J.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY NO. 213-56-6979	17. INFORMANT	. Davis	Kensington,		
	18. CAUSE OF DEATH (E		line far (a), (b), and (c).)				APPR BETWE	ROXIMATE INTERVAL EN ONSET AND OEATH
	Canditions, if ony, which rise to immediate coustaining the underlying lost.	gove) (b)	AS A CONSEQUENCE OF	s.T.	e hope			
-	PART 2. OTHER SIGNIFICA		UTING TO DEATH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE OR CONI	DITION GIVEN IN PART 1(a)		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFOR	MED 20a. AUT	2.4	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSIDERED II	N CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNIT OF CONTRIBUTING CAUSE (If either, notify medical	E OF DEATH HOUR A.M	. Manth Day Year	21c. HOW INJURY O	CCURRED (Enter no	iture af injury in Port 1 or I	Port 2, Item 18.)	
ME	21d. INJURY OCCURRED While Nat while of wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.			City or Town	Caunty	State
	saw the decea	sed alive on 3/.	tended the deceased fi 19 - (did not) view the body	ond that in (r	ny) (our) opinic	on deoth occurred an t	_, 19 <u>6</u> 27, th the date and ha	not (I) (we) las ur ond from the
	22b. SIGNATURE	man A	Brun	DEGREE PHYS.	DIREC	CTOR STAFF PHYS.	22c. DAJE SIGNED	8
	22d. PHYSICIAN'S NAME (Type)	eorge Boeni	ł	22e. AD		icut Avenue,	N.W.W.	ash.D.C.
Dr	BURIAL, CREMATION, REMOVAL (Specify)		1968 Willis	TERY OR CREMATORY		3d. LOCATION (City or Town	Jennesse	(State)
Turk	rner E. Pum	Hen Carter phrey, Inc.	RU 34 ADDRESS	ia Avenue	DAMAR 2	0 1968 25b. REG	STRAR'S SIGNATURE	ye :

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, within a haurs VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	リス	UUL			ERTIFI	CATE OF DEATH				U	1311
	ECEASED-NAME	First		Middle		Last	2a. DATE (2000	2b. HOUR
(1	Ype or print)	HEL	EN	yearly 5	(OREENE		Month	Dgy	Yeor	330 M
3. SE	X	//	4. RACE	~~~		S. DATE OF BIRTH		6. AGE (In ye		F UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMAL	E	CAU	CASIAN		1-19-9	7	lost birthdo	y) YRS. MC	ONTHS DAYS	HOURS MIN
70. 1	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY C	OF DEATH			
COUR	PA.		u.S.	A.	WIDOWED	DIVORCED _	Mon	TEON	ERG	7	Md.
10. 0	CITY OR TOWN OF	DEATH	• give :	AME OF HOSPITAL OR INS	TITUTION (If	not in hospital 12a. USU Hospital during m	IAL OCCUPATIO	ON (Kind of working life, even if re	k dane	12b. KIND OF INDUSTRY Own h	BUSINESS OR
13a.	USUAL RESIDENCE	(Where deceo	end lived if institut	ion. Posidorea hafora	13c. CITY O			STREET AND NUM		OWYL TL	ome
	issiaply STATE La		13b. COUNTY	taomery	Silve	Spring VES N	10 2	306 16th	Star	oot	
	FATHER'S NAME	First	Middle	Lost		15. MOTHER'S MAIDEN NAME			iddle		Lost
		Edward		Eckn	ran	C	atherin	re			Boyle
	WAS DECEASED E		MED FORCES?	166. SOCIAL SECURITY N	10. 17.	INFORMANT			dress		
L'	es, no, or unknowr	1) (It yes give	war or dates of service)	462 463	38 6	John U. Green	2306	16th St	- 5	il Sn	Md_
	18. CAUSE OF D	EATH (Enter or	nly ane cause per li	ne for (o), (b), and (c).)				, infarct	ion	APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUSE	D BY: IATE CAUSE (a)	fonte cor	onari	thrombos:	s with	h myocare	lial	11	days
	410	, 9		AS A CONSEQUENCE OF	/						
Н	Conditions, if on) (^	thero.	sclerosis				Seven	ral vears
	rise to immedia stating the und		DUE TO, OR	AS A CONSEQUENCE OF							100
	last.	errying couse	(c)							140	
	PART 2. OTHER S	SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIV	VEN IN PART 1(a)			
-	420.	/	Dia	retes me	Hitus	: cerebral	throm	boses			
CERTIFICATION	19a. DATE OF OPE	RATION 19b	CONDITION FOR WH	IICH OPERATION WAS PER	1	20o. AUTOPSY? YES NO R	20b.	IF YES, WERE FIN	IDINGS CON	SIDERED IN C	ERTIFYING
CERT	21o. ACCIDENT V	VAS UNDERLYI	NG 21b. TIME O	F INJURY	21c.	HOW INJURY OCCURRED (Ent		njury in Part 1 or	Part 2, Ite	m 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify	CAUSE OF DEA	HOUR A.M.	Manth Day Year							
MED	21d. INJURY OCC	URRED 21e	. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street or R.F.D. No	a. Ci	ity ar Tawn		County	State
	While Not w	11110		OFFICE BUILDING, ETC.	1						
	22a. I certify	that (1) (th	nis haspital) att	ended the decease	d from_	February 25, 191	58 , ta s	Vlarch 7	_, 19.6	g , that	(I) (we) last
	saw the	deceased o	alive an 170	arch 6	963, 01	nd that in (my) (aur) ap	inion death	accurred on	the date	and haur	and fram the
		stated abav	e, (I) (we) (did)	(did nat) view the l	bady after	death.					
	22b. SIGNATURE	Ben	net a.	Porter?	- MO DEC	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	1 40	te signed irch 7,1	1968
	22d. PHYSICIAN'S NAME (Type	1 1/2	net A	Porter, J	r.M.	D. 9301 Co	lesville	Rd., S	ilver	Spring	Md.
230.	BURIAL, CREMATI	ON, 23b.	DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LOCA	TION (City or Tov	vn)	(County)	(State)
L	REMOVAL (Specific	Ma Ma		ZADDDECC	of He	aven cemeter	Sile	er Spri	na Ma	nta l	Maryland
1	FUNERAL DIRECTO	Luci	k E. Wiso	" CONTRACTOR	- Once	1. S.S. Marte MA	R 8	1968 REG	POCE DA	and the second	The same of the sa
V	varner t	· I umpi	viey Inc.	, 8434 ya.	. Hue	S.S. Monte MA		0		U	4 600

uneral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed; within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers, should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours.

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MARYLAND STATE DEPARTMENT OF HEALTH 04332 DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH First 2b. HOUR death. the funeral (Type ar print) 4. RACE 6. AGE (In years IF UNGER 1 YEAR last birthday) DAYS HOURS 11-22-1960 within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH The law requires that the death certificate be executed within 24 hou MARRIED NEVER MARRIED country) signed by the attending physician and campletely filled in burial-transit permit. Then please remave carbon papers. DIVORCED 45510 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress during mast af working life, even if retired.) **INDUSTRY** ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before) 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER odmission) STATE YES 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 7600 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stoting the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior ta t as the O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY fa OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 3 should be detached 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive an management of the saw that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (dld) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL CREMATION

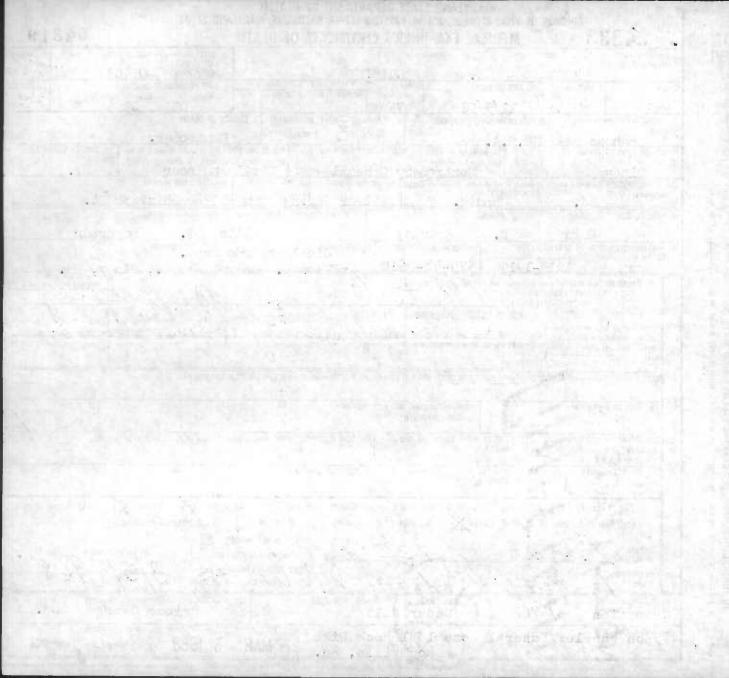
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MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24,

Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

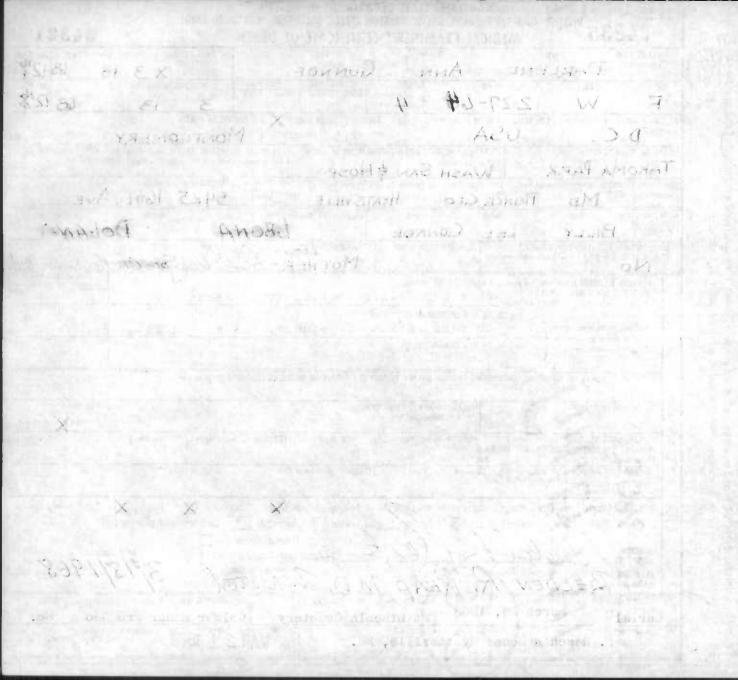
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	Ype or print)	MiN	First N/E		Middle	GR	SISSINGE		a. DATE OF		2 Day	19°%	8 8 4 8 4	JR
3. SE	× Her	nal		4. RACE W.	hite		S. DATE OF BIRTH		881	6. AGE (In ye lost birthdo)	413	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 I	HRS. MIN.
caun	BIRTHPLACE (Stority) PE	NNA.	n 7b.	CITIZEN OF WH	SA	WIDOW	NEVER MARRIED VED DIVORCED (If, not in, haspital	1	OUNTY OF YON CCUPATION	+ GO1			F BUSINESS OR	Me
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admi	ission) STATE	land		Montg			hersburg	NO NO		117 N	Kir	ndly (
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160. Y	WAS DECEASED	D EVER IN U.		FORCES? dates of service)	16b. SOCIAL SECURITY	NO.	Mrs. de	Daug la Mo			Sam	eas 1	[tem	13
	18. CAUSE O PART I.	DEATH WAS	CAUSED BY	<i>!</i> :	ne for (a), (b), and (c	1.)	arteria	1-	12	- Por	1 7	APPROX BETWEEN	ONSET AND DEAT	Н
	Conditions, if rise to imme stoting the use.	any, which diate cause underlying c	e (a), couse	DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE OF	al,	Aterios	elen	ni	د		54	lan	72
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
CERTIFICATION	190. DATE OF (OPERATION	19b. CON	DITION FOR WH	IICH OPERATION WAS P	ERFORMED	20a. AUTOPSY	NO Z		YES, WERE FIN S OF DEATH?	DINGS CO	INSIDERED IN	CERTIFYING	
MEDICAL CER	210. ACCIDEN OR CONTRIBU (If either, nat	TING CAUSE	OF DEATH exominer)		Manth Day Yeo	r 19	c. HOW INJURY OCCURR		ture of inju	ry in Port 1 or	Part 2, It	tem 18.)		
WE	21d. INJURY While No at work o	OCCURRED at while at wark	21e. PLA	CE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21	f. LOCATION Street or	R.F.D. No.	City	or Town		County	Stot	ē
	saw t	he deceas	sed alive	an_MA	ended the deceo (dident) view the	196E,	and that in (my) (, 19_ our) apinio	_, to_/ n death	accurred an	2 , 19_, the dat	tho e and hour	r ond from	th:
1	22b. SIGNATUI	h	y	in N.	en	my.	ATTENDING PHYS.	MED. DIREC		STAFF PHYS.	M,	ATE SIGNED	2,196	58
	22d. PHYSICIA NAME (T		Mor	rris P	erry /		22e. ADDRESS	AL 3- 0- 0	2 Ge er S	orgia pring	Ave Ma	rylar	nd	
23a.	BURIAL, CREM BREMOVAL (SP		23b. DATE 3 - 2	26-68			or CREMATORY	2		ON (City or Town		(County) Penna	(Stote)	
	FUNERAL DIRECT	CTOR A. P	UMPF	IREY,	Bethesda		Lama Lama	TE MAR	EGISTRAR	25b. REG	ISTRAR'S	SIGNATURE	de la	>

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fur director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR AT5 (4) 30M REV. T/68

DESER THE RELEASE WAS ASSESSED FOR THE PROPERTY OF T POWER PROPERTY OF THE PARTY OF The Manager of the Control of the Co the state of the first of the state of the s the second of th The state of the s

22a film 399MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

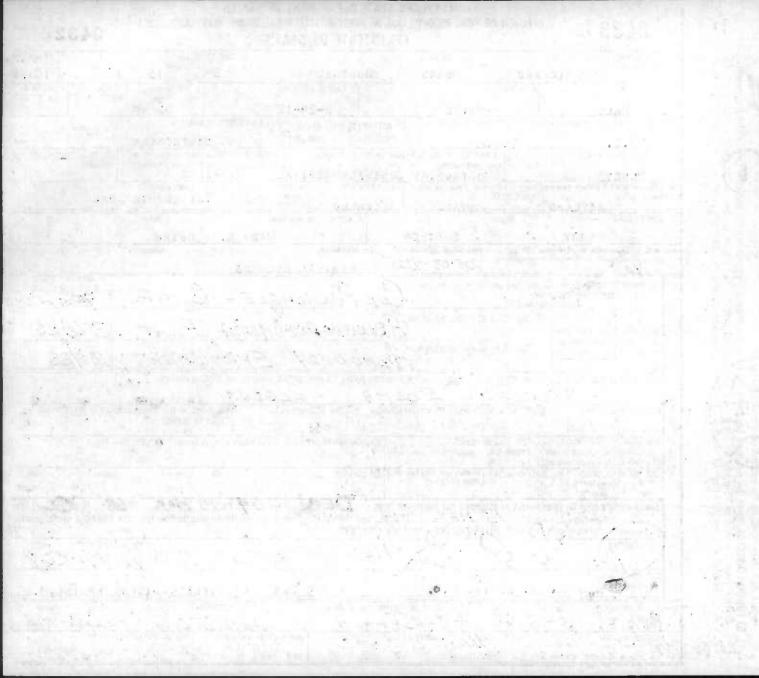
,	301	W.	LKE216	וכ אכ	KEEI,	DALIIMUKE,	14
1	CFRI	TIF	ICATE	OF	DEA	TH	

0300		CI	RTIFICATE	OF DEATH			0.20				
1. DECEASED-NAME	First	Middle	Las	77,6	2a. DATE OF	DEATH		2b. HONR M			
(Type ar print)	RICHARD	HENRY	GUNTH	R	3	Month 15 Day	1968 ar	10:36			
3. SEX	4. RACE		S. DATE	OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS QAYS	IF UNDER 24 HRS. HOURS MIN			
MALE		WHITE		3-24-12		last birthday) 55 YRS.	MUNINS CATS	HUUKS MIN			
70. BIRTHPLACE (State o	r foreign 7b. CITIZEN OF V	VHAT COUNTRY?	MARRIED X NEVE	R MARRIED	9. COUNTY OF	DEATH					
country)	U.S.		WIDOWED [DIVORCED 🗍	N	ONTGOMERY		Md.			
IO. CITY OR TOWN OF D	EATH 11.	NAME OF HOSPITAL OR INSTI	TUTION (If not in hos	oital 12a. USU		(Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR			
ULNEY		e street address) MONTGOMERY G	ENERAL H	SPITAL	DISAE	life, even if retired.)	INDUSTRY				
13a. USUAL RESIDENCE (admission) STATE	Where deceosed lived, if institution in the country is a country in the country i	HOWARD	GLENELG	13d. INSIDE CITY U		REET AND NUMBER RIDELPHIA	ROAD				
14. FATHER'S NAME	First Middle	Last	1S. MOTHE	R'S MAIDEN NAME F	irst	Middle	(P	Lost			
Н	ENRY	GUNTHER		MA	RY K.	BUTKE	50×12				
16a. WAS DECEASED EVE Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO		NT .		Address	J 201_1				
les, no branknown,	(H) JUNG HE ST SELECTION SELECTION	215-03-432	² MED	CAL RECO	RDS						
	ATH (Enter anly one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).)	OF PU	LHONAL	E-	C.H.F.		MATE INTERVAL DINSET AND DEATH			
492		AS A CONSEQUENCE OF				~		1			
Conditions, if ony,	which gave)	7	SRONCHO	PNEUM	DUIT.	BILAT.	34	IKS.			
rise to immediat		AS A CONSEQUENCE OF					4. \	100			
last.	(c)	-	ULHOW.	DRY E	MPHY	SEMA	10 /1	ES.			
PART 2. OTHER SIG	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
= 5271	CELEBE	PAL EDE	MA	- REC.	ENT						
19a. DATE OF OPERA	ATION 19b. CONDITION FOR W	HICH OPERATION WAS PERF		AUTOPSY?	CALICE	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN C	ERTIFYING			
21a. ACCIDENT W/	CAUSE OF DEATH HOUR A.M	. Manth Day Year	21c. HOW INJU	RY OCCURRED (Ente	r nature af inju	ry in Part 1 or Part 2,	Item 18.)				
While Not wh	IRRED 21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCATION	Street or R.F.D. No	. City	or Town	Caunty	State			
22a. I certify	22a. I certify that (I) (this haspital) attended the deceased from										
22b. SIGNATURE											
22d. PHYSICIAN'S NAME (Type)	DONALD R. LEW	is, M.D.	22	ADDRESS 700 CLOVE	RLY ST	REET, SILV	ER SPRI	NG.M.D			
23a. BURIAL, CREMATIO	N, 23b. DATE 3-68	23c. NAME OF CE	METERY OR CREMAT	ORY	23d. LOCATION	ON (City or Town)	(County) How and	(State)			
24. FLINERAL DIRECTOR HIGH YOU TOOM FUN RA		-//140 TADDRESS C	g md.	250. REC'D E	R 2 1	25b. REGISTRAR'S	S SIGNATURE	egge.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cochange appears. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.



	04338		DIVISION OF	VIIAL RECORDS,		CATE OF		IIIIOK	L, INPI	(1DAND 2120)		04	324
	ECEASED-NAME	First		Middle		Last		2a.	DATE OF				2b. HOUR
- (1	Type or print)	Russ	ell	Vernon		Hage	r			March March	72,	1968	12:55
3. SE	EX		4. RACE			S. DATE OF E	IRTH			6. AGE (In years		NDER I YEAR	IF UNDER 24 HRS.
	Male		V	White		June	21, 1	920		last birthday)	S. MON	THS DAYS	HOURS MIN
7o. I	BIRTHPLACE (State or	foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COU	NTY OF	DEATH			- 7- 7
Di	strict of	Colum	ibia U	JSA	WIDOWE		RCED 🔲		Mont	gomery			N
10. 0	city or town of de Bethesda	ATH	11. N/	AME OF HOSPITAL OR INS street oddress) ne Clinica						(Kind of work done life, even if retired. ACCOUNT	e li	2b. KIND OF E NDUSTRY Fed.	BUSINESS OR Govit
	usual residence (Vision) gsiale	Vhere deceose		ion: Residence before	13c. CITY		13d. INSIDE CITY		13e. ST	reet and number 30 Brookl			
14. 1	FATHER'S NAME	First	Middle	Lost		1S. MOTHER'S N	AIDEN NAME	First		Middle			Lost
	I	eon		Hage:	r		V	era			1	Stansl	oury
16a.	. WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT	The Me	dica	.1 Re	ecordsddress			
	(es. po, ar unknown) Yes	1942-	1945	Not avai	lable	The C	linica	1 Ce	enter	. Bethes	da,	Md. 2	20014
	18. CAUSE OF DEA	TH (Enter onl	y one cause per li	ne far (a), (b), and (c).)	VIA.							ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Septicemia									1 wee	ek		
	2051			AS A CONSEQUENCE OF									(3)
	Conditions, if any,		(b) E	Bilateral 1	Bronc	hopneum	onia	300		2.79		3 da	Lys
	rise to immediate stating the under		, ,	AS A CONSEQUENCE OF									
	(c) Chronic Myelogenous Leukemia										3 ye	ears	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
N	204												
CERTIFICATION	190. DATE OF OPERA	TION 19b. 0	ONDITION FOR WH	IICH OPERATION WAS PE	CAUSES OF DEATH?				s considered in certifying Yes				
	21a. ACCIDENT WA				21c.	HOW INJURY O	CURRED (Ent	er nature	of inju	y in Port I ar Part	2, Item	18.)	
MEDICAL	OR CONTRIBUTING [Month Day Year	,								
ME	21 d. INJURY OCCUI While Nat whi at work at work	RRED 21e.		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f.	LOCATION Stre	et or R.F.D. N	0.	City	ar Tawn	Co	ounty	State
	22o. I certify	hat \$1) (thi	s haspital) atte	ended the decease	ed fram_	January	18,19_	68	to Ma	arch 12,1	19 6	5, that	(1) (we) la
	saw the d	eceased al	ive on Marc	ch 12 1 (did not) view the	9_68,0	ind that in (A	¥ÿ) (our) op	oinion o	deoth o	occurred on the	dote o	ond hour o	ind from th
	22b. SIGNATURE	bert	-a. R	alch	MDDE			MED. DIRECTOR		STAFF PHYS.	12 1	signed March	1968
	22d. PHYSICIAN'S NAME (Type)	Rober	+ A Pol	Lph, M.D.		22e. AD	DRESS The	Cli	nic	al Center	, N	ations	al
-					AFA4575011		LITULE			alth, Bet			
	BURIAL, CREMATION	23b. D	13/68	23c. NAME OF Mount		or Cremaiory	tery			N (City or Town)	,	ounty) Virgi	(Stote) nia
24.	FUNERAL DIRECTOR	1) of	un 4).	ADDRESS	1515		2Sa. REC'D	BY REGIS	STRAR	2Sb. REGISTRAI	R'S SIGN	NATURE	institute
Th	e Demain	Funer	ral Home	s, Inc., Al	exand	ria, Va.	DATEMA	R 1	8 19	16B /cu	are	A North	

VR A15 (4) 30M REV. 1/68

#55FV 1 THE WAR STATE Series County, Thurs County County, Deliver County, Wirdness the Marian W. America C. Lack Maria December 1985 and the Control of the Control

VR A15 (4) 30M REV. 1/68

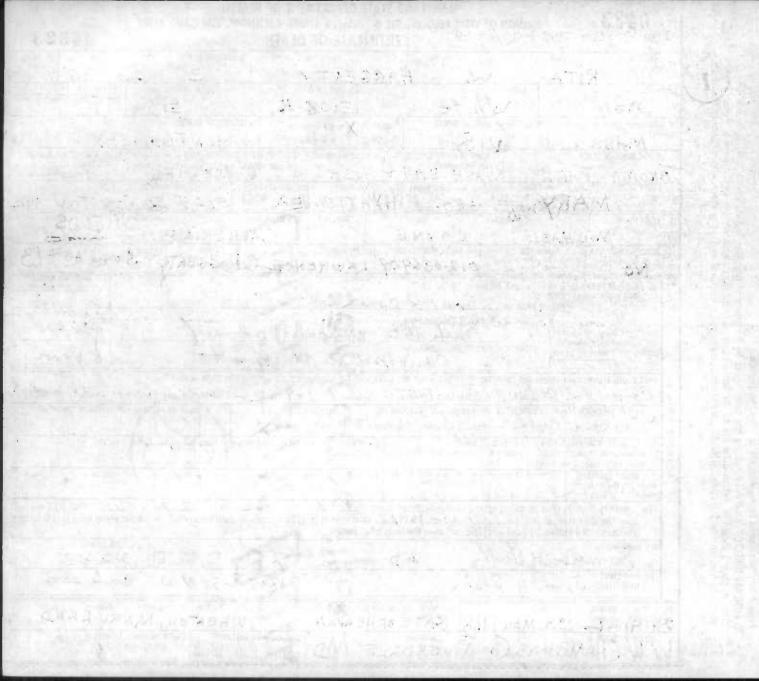
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			-	EKTITICATE (DI DEATH			1 3	ONG
	ECEASED-NAME Fire	st	Middle	Last		20. DATE OF I	DEATH		2b. HOUR
(Type or print) RITA	t W	le H	AGGER.	TY		3 Manth 20	y Year 8	943 M
3. S	Female	4. RACE		S. DATE			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MAIR	Wh	ite	5-3	28-16.		lost birthdoy) S / YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X NEVER		9. COUNTY OF	DEATH		
cau	MASS.	17:1	Q		DIVORCED 🗌	Mo	NTGOM	ERY	Md
10.	CITY OR TOWN OF DEATH			ITUTION (If not in hosp		AL OCCUPATION ((Kind of work done	12b. KIND OF	BUSINESS OR
TA	KOMA PAR	K give stre	et oddress SAN	+ HOSP.	during me	HOUSE	ife, even if retired.)	INDUSTRY	Home
13a.	USUAL RESIDENCE (Where dece	ased lived, if institution	: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LI		EET AND NUMBER		
odn	issian) STATE MAB	SALIGHTY C	EO. V	HYATTS	NO NO	0 5/0	O7 ED N	MONSTO	N AUE
14.	FATHER'S NAME First	Middle	Last	1s. MOTHER	'S MAIDEN NAME F	First	Middle	MIFI D	Clast
	MICHA	AFL.	COYNE		C	ATHER	INF_ "	Jak	4
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	66. SOCIAL SECURITY NO		T		Address	Same Ai	#12
	res, no, or unknown) (If yes giv	re war or dates of service)	112-6369	09 LAWF	PENCE	C: HAGG	ERIC	Supple 11	, M
	1B. CAUSE OF DEATH (Enter	anly one couse per line	far (q), (b), and (c).)		30746		1		MATE INTERVAL INSET AND DEATH
1	PART I. DEATH WAS CAUS		Liver	coma					ouvs
7	174x		A CONSEQUENCE OF				1		
15	Canditions, if any, which gave	e) (b)	1 -1	to Wales	marcy a	Edvouce	1	44-	apr
	rise to immediate couse (a) stoting the underlying cause).(A CONSEQUENCE OF			1		0.1.	
	lost. 170 X	(c)	Conc	er of Re	ght B	Heart		894	202
13	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIVEN	IN PART 1(a)		0 0 5
z	Coner of	Pt Breat wi	the metostor	is sure	1-4-62	2- un	duy ed	are cutil	her death
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH	OPERATION WAS PER	FORMED 200.	AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
TEL	10-27-67	coner-m	exfrom B	react YE	S NO	CAUSES	OF DEATH?		
	21a. ACCIDENT WAS UNDERLY	The state of the		21c. HOW INJUR	Y OCCURRED (Enter	r noture of injury	y in Port 1 or Port 2,	, Item 18.)	N-1-21
MEDICAL	OR CONTRIBUTING CAUSE OF D		Month Doy Year						
MEC	21d INTURY OCCURRED 21	le. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION	Street ar R.F.D. No.	. City o	or Town	County	Stote
	While Nat while at wark	(0)	FFICE BUILDING, ETC.						
	22a. I certify that (I) (this haspital) atten	ded the deceased	fram/_	4 , 19.6	2 , ta	3-20,1	968, that	(I) (we) last
	saw the deceased	alive an	tel-2219	68, and that in	n (my) (aur) api	inian death a	ccurred an the d	late and haur	and fram the
		ve, (I) (we) (did) (di	id nat) view the b	ady after death.			I aa	DATE CICNED	
	22b. SIGNATURE	+ H Scolls	/ M.			WED.	STAFF -	3-20-68	
	204 DUVELCIANIE		1.4		1000000	DIRECTOR L		0	
	NAME (Type) Jan	nes H. Seu	1/4	226	183	5 Eye 5+	N.W	Work 20	0006
22-		b. DATE		EMETERY OR CREMATO	DV	23d IOCATION	N (City ar Tawn)	(County)	(State)
47		3_MAR 191		OF HEAVE		111456	N (City or Town)	ARYLA	N.D
24	FUNERAL DIRECTOR	J-MAK PIL	ADDRESS	()		BY REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	· ·
1	V.W. PHAMB	ERS (o'	TIVERD	ALE, M	DIMAR	2 6 196		Mes Jack	3
				/	- APRIL 10 1		1 44	Mary .	

DMAR 2 6



necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Committee of the commi

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

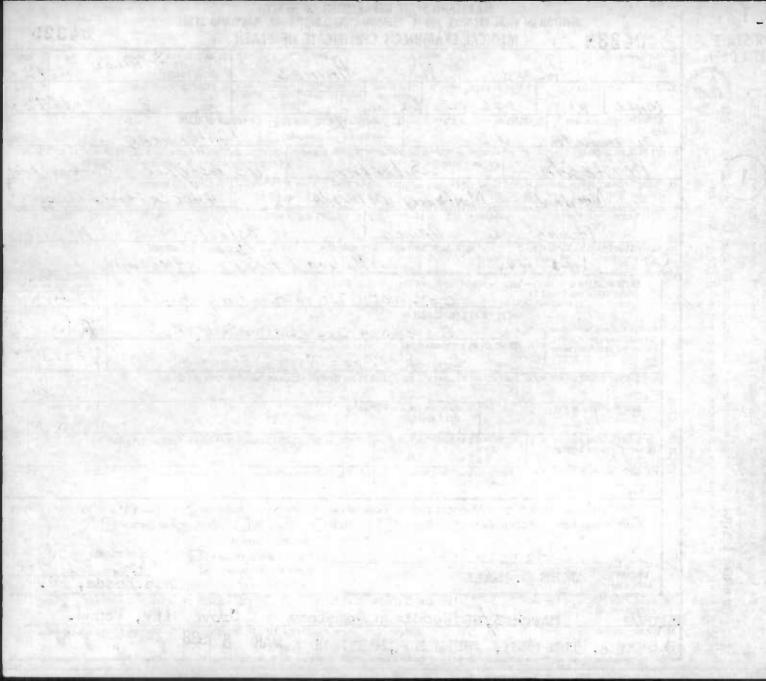
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3	12	-2	. 2	100
	Street	n T	600	4

3		04339	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH		0432	(1)	
		CEASED-NAME First		Middle	Lost		20. DATE KNOW			2b. HOUR	
	(1	ToL	AND	Λ.	HAIN	E5	OF ESTI- DEATH MATE		1968	4 AM	
1	3. SE	X 4. RACE	S. DATE OF BIRTH	6. AGE (in ye last birthda		HOURS HOURS	Et. DATE I KONO			2d HOUR	
/		MALE W	7-26-		YRS.	HOUKS	Month MAR	Doy 2	Yeor 1968	43 M	
			b. CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED NEVER MA	RRIED 9.	COUNTY OF DEATH		1225		
2	count	TOP TERSUILLE, PA	4.5.		WIDOWED DIV	ORCED	Montgon	neRU		Md.	
	10. C	ITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITU	TION (If nat in haspital		AL OCCUPATION (Kind		12b. KIND OF BUSIN	IESS OR	
0		DETHESOLA	give street	oddress) Subu	eban.	during m	ost of working life, ey	en it retired.)	Cus to me	! Kelas	
6		USUAL RESIDENCE (Where decease	d lived, if institution:	: Residence befare 13c.	CITY OR TOWN	3d. INSIDE CITY LIMIT	13e. STREET AND	NUMBER		3	
7	00	Imission) STATE NARYLAND	13b. COUNTY Ma	N+gomery L	DETHESDA	YES NO	4400	EAST-Wes	of Hishwa	4	
-	14. F/	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MA	IDEN NAME	First	Middle	Lost		
		THOMAS	2	HAINES		E	STELLA		NEW	TON	
	160.	WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMANT	, ,/ (Wife) A	DDRESS			
	C	es)na, ar unknown) (If yes give wo	ar or dates of service)		Mildeed	d. HAI	nes 4	400 EAST	West He	heer.	
1		1B. CAUSE OF DEATH (Enter only	one cause per line fo	or (a), (b), and (c).)					APPROXIMATE IN BETWEEN ONSET A		
		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	COTONO	14 Ins	J4.10	eney Ac	ute.	12 h.	. DEATH	
		4129		. 2 0							
(anditions, if any, which gave) (b) Coson-ary Occlusion + Selerosis - 1											
9		rise to immediate cause (a), (stating the underlying cause (A CONSEQUENCE OF	1			11		11111	
		last.	(r)	Cardio:	Vascula	Ir Di	Sease -		year.	5.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
		4201	B. W. L.								
1	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION									
1	CERTIFICATION			WAS PERFORMED?					YES 🔀	NO 🗌	
		21a. EXTERNAL CAUSE WAS		RY Month, Doy, Year	21c. HOW INJURY O	CCURRED (Enter	nature of injury in Po	t 1 ar Port 2, Ite	em 18.)		
1	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19							
	MEI	21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (At ha		21f. LOCATION Street	ar R.F.D. Na.	City ar Taw	n	County	State	
		AT WORK AT WORK	ory, affice building, etc	c.)							
		22a. I certify that I ta	ak charge of the re	emoins described ob	ove, held an Auto	psv 🛣	Inspection (X).	Inquiry 🗷	ond in my	opinion	
		death resulted fram:				Hamicide		ned manner			
il.			0			EF MEDICAL EXA					
		ACTUAL SIGNATURE	m 9. 13	fell		SISTANT MEDICAL		22b. DATE S	SIGNED		
2			C DATT			PUTY MEDICAL E		2m	rek 2,1	968	
		NAME (Type)	G. BALL				ry, tawn, ar caunty) 🔏	Bethe	sda, Md		
	23a.	BURIAL, CREMATION, 23b. C	DATE	23c. NAME OF CEME	TERY OR CREMATORY		23d. LOCATION (City of	or Town)	(County) (Sto	ite)	
T	EN	REMOVAL (Specify)	rch 3/68	Woodlaw	n Cemeter	cy	Grove C	ity, P	enna.		
-	State A	FUNERAL DIRECTOR		ADDRESS	-5700	25g REC'D. B	Y REGISTRAPOCO 25			0 1	
	RC	BERT A. PUMP	HREY, B	ETHESDA, 1	MARYLAND	DATEMAR	9 1000	1	9 9	1 2	

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH O4340 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0/200								
HEALTH DEPIVI		DECEASED-NAME Pirst Middle Lost, 20. DATE KNOWN Month Di	ay Year 2b. HOU								
2 5 8 5 E		(Type or Print) Boy Idametra DEATH MATED 3 2.	1 1887 4								
any delay is 1, 2, and 3 ta m. PM3. Page Department of	3. 5	SEX 4. RACE 5. DATE OF BIRTH 6. AGE [in years let UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months Days HOURS MINE Day 21 Water Day 21	Year 1968 2 24. HOUI								
T		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11011111								
farr farr		"Mouytone Willowed Divoked Monty men	N. KIND OF BUSINESS OR								
ve Park Author 20	10.	Betherla give street address) Subarbar during mast af working life, even if retired.) IN	IDUSTRY								
hours after death. Item 18. Give Pages 1, Office along with farm 1 and 2 with the State De		o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Month (13b. COUNTY) 13b. COUNTY Month (13c. CITY LIMITS? 13c. STREET AND NUMBER (13c. CITY LIMITS?)	tw St								
I hour stem Office Office after	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Klnnoth Ray Carter Mules and Jane Ho	San Itas								
within 24 pencil in xaminer's ile pages 72 haurs		Q. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) [If yes give war or dates of service] 16b. SOCIAL SECURITY NO. 17. INFORMANT Mathew ADDRESS	L								
P.E. E.		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Atalectosis IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
be execute "pending" nief Medical ansit permit event withi		Canditions, if any, which gave rise to immediate cause (a). (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave is to immediate cause (a).									
certificate shauld be e writing the ward "per irwarded ta the Chief I used as a burial-transit maval, and in ony ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
This certificate is index writing the be farwarded to do be used as a bar remayal, and	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
s certifice, writh farware a used emava	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO								
= - =	MEDICAL CERT		F-7								
CAL EXAMINER: execute the certi ar. Page 4 shauld af far yaur files. CTOR: Page 3 shou burial, cremation,	MED	21d. INJURY OCCURED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)	Caunty State								
bicate execudirector. Par director. Par estained for DIRECTOR: F	13	22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinia								
Prid		ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22b. DATE SIGNATURE 3/2	SNED 18								
ro DEPUTY. necessary, p the funeral 5 may be re to FUNERAL Health pria		NAME (Type) ADDRESS(Street, city, tawn, ar caunty)	100								
D = = 20 E		REMOVAL TSPECIFY 3 25/68 SuBurban Hospital Betherda-Month	aunty) (State) Md								
VR A15ME (5) 10M REV. 1/68	P 24.	1. FUNERAL DIRECTOR, Cate Acministrators " 250. RECID BY REGISTRAR 256 REGISTRAR'S SIG	MATURE								
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

04327

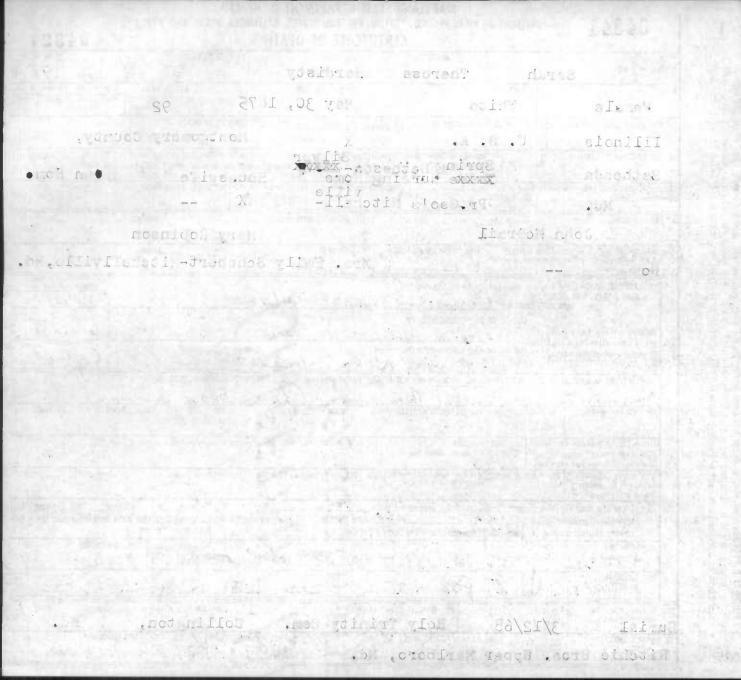
. DECEASED-NAME	First		Middle	Lo	st	2a. DATE OF DEATH			2b. HOUR
(Type ar print)	Sar	ah	Theresa	Har	disty	Mar	nth Day	Year	4P N
3. SEX		4. RACE		S. DAT	E OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Femal	е	White	•	Ma	y 30, 18	375 lost b	92 YRS.	MONTHS DAYS	HOURS MIN
O. BIRTHPLACE (Stote		7b. CITIZEN OF WHAT	COUNTRY?	. MARRIED _ NEV	ER MARRIED	9. COUNTY OF DEATH			
Tilino:	is	U. S.	A.	WIDOWED X	DIVORCED	Montgome		unty,	Mo
O. CITY OR TOWN OF	DEATH	11 NAM	E OF HOSPITAL OR INSTI	TUTION (If not 3)	spitye 7 120. USL	JAL OCCUPATION (Kind of	wark done	12b. KIND OF INPUSTRY	BUSINESS OR
Bethes	da	Grice	re Nurs	ng Hom	during i	JAL OCCUPATION (Kind or nast af working life, eve Housewife 13e. STREET AND	n ii reinea.j	wn	Home
3a. USUAL RESIDENCE odmission) STATE	(Where decea	13b. COUNTY Pr	Residence befare	itchel	YES N	13e. STREET AND	NUMBER		
14. FATHER'S NAME	First	Middle	Last		IER'S MAIDEN NAME	First	Middle		Last
	John	McGrail.				Mary Robi	nson		
16a. WAS DECEASED E Yes, no, or unknow		MED FORCES? war or dates of service)	6b. SOCIAL SECURITY NO			Schubert-M	Address [itche]	llvil	le,Md.
	DEATH (Enter or	nly ane cause per line	for (a), (b), and (c),)					APPROXI	IMATE INTERVAL ONSET AND DEATH
	ATH WAS CAUSE	D DV.	SNGESTIVE	/ Lear	T FAILUR	6		20	Aur
410	2 9	(-)	A CONSEQUENCE OF					1	0
Conditions, if ar		1 /1		LEART.	DISCOSI			6 4	lars
rise to immedia		DUE TO OD AC	A CONSEQUENCE OF	0				11	
lost. 4	f cose		GRONARY	1 deteri	osclerosi	2.		16 4	cars
PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO THE 1	ERMINAL DISEASE OF	CONDITION GIVEN IN PAR	T 1(a)	0	
Z CARCINO	id Tum	or - Cere	beal Ark	RIOS deposi	s- (has	NIC BRAIN	Syndre	me	
19a. DATE OF OPE		. CONDITION FOR WHICE			a. AUTOPSY? YES NO P	CALISES OF DEA	RE FÍNDINGS CO TH?	NSIDERED IN C	ERTIFYING
	CAUSE OF DEA	HOUR A.M.	NJURY Month Doy Yeor	21c. HOW INJ	URY OCCURRED (Ent	ter nature of injury in Par	t 1 ar Port 2, It	em 18.)	
OR CONTRIBUTION (If either, natify) 21d. INJURY OC While Nativ	CURRED 21e	PLACE OF INJURY (A	T HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION	Street or R.F.D. N	lo. City or Towr	ı	County	State
22a certify	v that (1) (th	ais hospital) atter	ided the deceased	fram	ve 19_	46, to March	9 , 196	thot	t (I) (we) la
sow the	deceosed o	olive on <u>Maach</u> e, (I) (we) (did) (d	- 5 19	Led, and tho	in (my) (our) or	pinion deoth occurre	d on the dot	e ond hour	and from th
22b. SIGNATURE	diew	9	od n. M.	8 DEGREE	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		ATE SIGNED	
22d. PHYSICIAN' NAME (Type	S	Dow G	PRANDON		2e. ADDRESS 2520	LST. NW.	WASHIL	NETON	De
23a. BURIAL, CREMAT		DATE		METERY OR CREMA		23d. LOCATION (City		(County)	(State)
Burial (Specif		/12/68	Holy	Trinity		Colling			d.
24. FUNERAL DIRECTO)R		ADDRESS				REGISTRAR'S		
Ritchie	Bros	. Upper	Marlboro	. Md.	DAMAH	1 4 1968	Lillenge	las Jus	MARO E

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexent filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 30M REV. 1 68

Ritchie Bros. Upper Marlboro, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04342 04328 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH First Middle Last 2b. HOUR deoth. (Type or print) Month MARCH 4. RACE 3. SEX S DATE OF BIRTH IF UNDER | YEAR IF UNDER 24 HRS. 6. AGE (In years hours after Pages lost birthday) HOURS WHITE 5-14-86 hours 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED please remove corbon popers. physician and completely filled in DIVORCED [WIDOWED [the death certificate be executed within 24 10, CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR driggtoffeedking life, even if retired.) give street address) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY / YES NO T and in any Middle 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First First 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) (If yes give war or dates of service) or removal, signed by the ottending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line fox (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) requires thot rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [use of Health by the hospitol ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19460 . to · 3 = 2 saw the deceased alive on 3-20 1968, and that in (my) (our) opinion death occurred an the date and haur and from the be retoined should causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, poge should be filed PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

16128CESARLAN

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Montgomery County

2Sb. REGISTRAR'S SIGNATURE

ensin Glor

(County)

(Stote)

VR A15 [4] 30M REV. 1/68

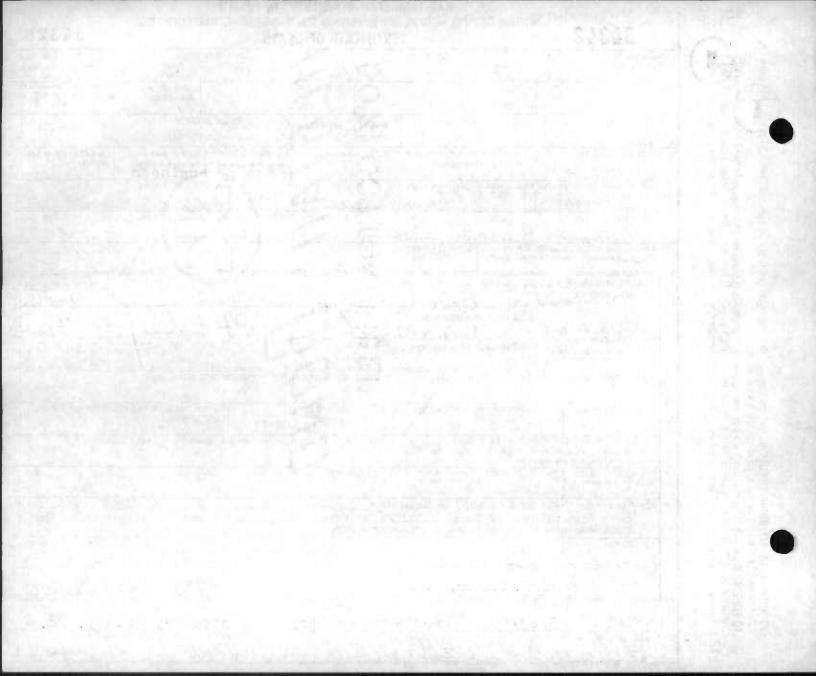
should k

NAME (Type)

23a. BURIAL, CREMATION,

Sarah E. Glover, M.D.

23b. DATE



04343

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04329

				CEKTIFICA	AIE OF D	EAIN					
	CEASED-NAME First ype or print)	/	Middle		Lost	, 1	2o. DATE OF		Dgy	Year	2b. HOUR
	WIII	IAM	/Vath	aniel f	1ASSE			Month	~	68	CO A M
. SE		4. RACE			. DATE OF BIRTI			6. AGE (In years last_birthday)		UNDER 1 YEAR	HOURS MIN
	MALE	CAUC			Sept. 7			66	YRS.		
. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	T COUNTRY?		NEVER MARRIE		COUNTY OF				
_	Maryland	u.S.A.		WIDOWED			Montg				Mo
(ITY OR TOWN OF DEATH	give str	E OF HOSPITAL OR INS	Crass	Has p.	duripg mas	t of working	(Kind of work de life, even if retire	ed.)	12b, KIND OF B INDUSTRY 1555	USINESS OR
3o. dmi	USUAL RESIDENCE (Where Jeceos ssion) STATE	1 101 COLLETY	n: Residence before	Silver		I, INSIDE CITY LIMIT ES NO [30/	D	ARRO	w St
4. F	ATHER'S NAME First	Middle (tost		METHER'S MIND	EN NAME Firs	t	Middl	le	3,11	Lost
	William		Hassel	1	Juli	a			19	Gambi	Le
60. V	WAS DECEASED EVER IN U.S. ARM	MED FORCES?	6b. SOCIAL SECURITY	NO. 17. IN	FORMANT	4.	2:	301 Daddra		treet	1 ,
	es, nevor unknown) (If yes give w		060-10-4	516 Ca	rrie S.	Hasse	ell si	ilver Sp	ring	7	<i>land</i>
	18. CAUSE OF DEATH (Enter on	ly one cause per line	for (a), (b), and (c).	111		1					ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSEI	O BY: ATE CAUSE (a)	erebra	el he	mor	rkæg	2		19	20	Tira
ı	431,9		A CONSEQUENCE OF	10		0				- 1	
	Canditians, if any, which gave										
	rise to immediate cause (a), stating the underlying couse	()	A CONSEQUENCE OF	Vel Ser							
1	last.	(c)							35		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
33/X											
2	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPS	Y?		YES, WERE FINDIN	IGS CONS	IDERED IN CE	RTIFYING
CEKITETCATION					YES 🗌	NO L	CAUSES	OF DEATH?			
	210. ACCIDENT WAS UNDERLYIN	E			V INJURY OCCUR	RED (Enter n	nature of injur	y in Port 1 or Por	rt 2, Item	18.)	f.year
3	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin		Month Doy Yeor								
MEL	21d. INJURY OCCURRED 21e.	PLACE OF INILIRY /A	T HOME, FARM, STREET, FA		ATION Street o	or R.F.D. No.	City	or Town	(aunty	Stote
	While Not while at wark	(0	OFFICE BUILDING, ETC.	/				0 0	1		
d	22a. I certify that (I) (th	is haspital) atten	ded the decease	ed from	Jan	196	Z, ta	2-4	19/0	8 , that	(I) (we) las
	saw the deceased a	live an	3-/1	9/2 X and	that in (my)	(our) apini	on deoth o	ccurred on th	e date	and haur a	nd from the
	causes stoted abave	e, (1) (===) (===) (c	lid not) view the	bady ofter de	eath.					30-17	
	226 SIGNATURE	12 -	tota v	20-4	ATTENDING	MED).	STAFF -	22c. DATE	E SIGNED	0
١	1000	engoi	ack "	W-H DEGRE			ECTOR L	PHYS.	2	d-6	0
	22d. PHYSICIAN'S NAME (Type) 9.	L. Hengs	tack		9241 C	olumbi	ia Blue	d. Silve	n Sp	ring,	Md.
la.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR C	REMATORY			N (City or Town)	,	County)	(Stote)
1	REMOVAL (Specify) Ma	rch 5, 196		of Hea	ven		Silve	r Spring		ryland	1
714	MINIPAL BINEQUES, C. 9 LE		8434DD818	orgia f	ve. 2	So. REC'D BY					yes ;
We	arner E. Pumph	rey, Inc.	Silver	Sprina.	Md. 0	DATE MAK	0 "			0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the 4ur director, page 3 should be detached for use as the burial-tronsit permit. Then please remove colban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremotian, or removal, and in any event, within 12 hours after VR A15 (4) 30M REV. 1/68

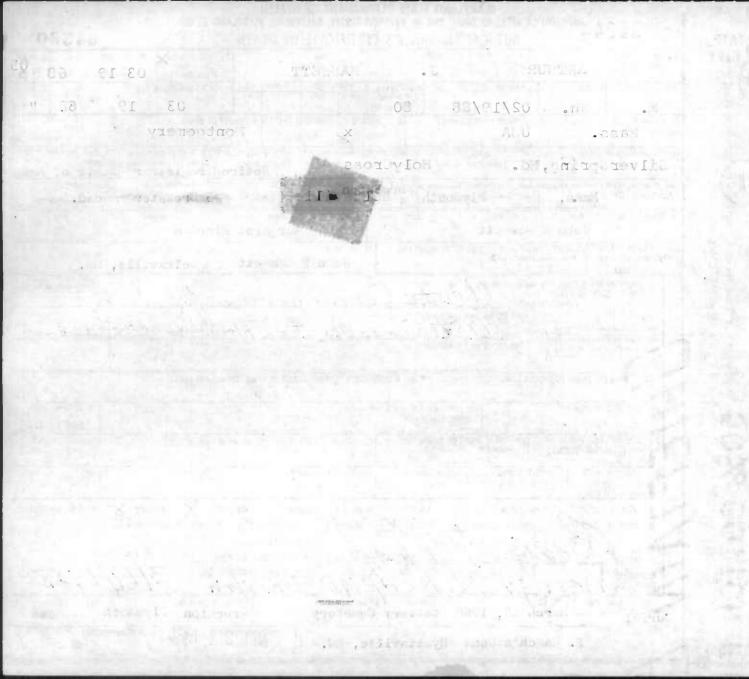
the funeral deoth.

executed within 24 hours after death

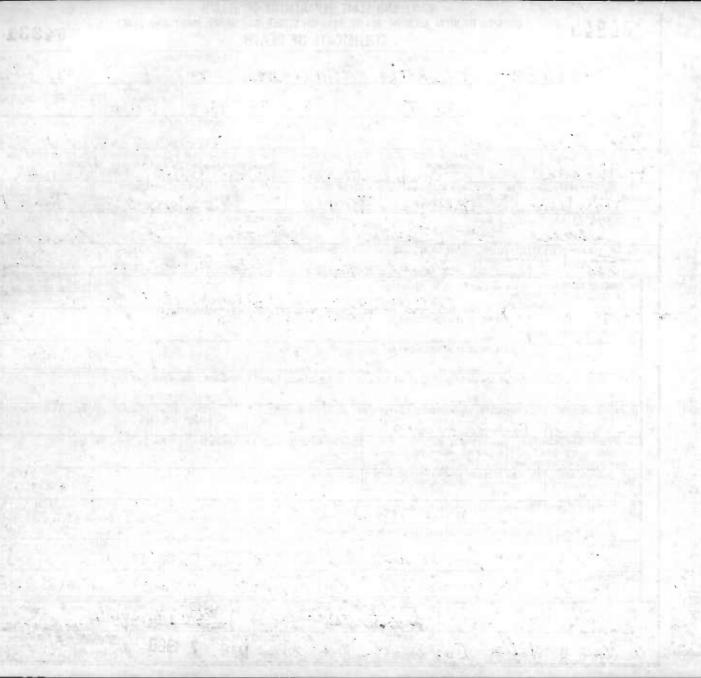
TO HOSPITAL OR ATTENDING PHYSICIAN: The law regulines that the death certifigate be

Poge 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04345 94331 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR 24 haurs after deatl Manth (Type ar print) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last birthdoy) pletery filled in by the carban papers. Pages MONTHS DAYS HOURS hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED gome Within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most af working life, eyen iNetired.) INDUSTRY W. B. Hiltor sda Driller 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed and in any even 13b. COUNTY NO I Route signed by the attending physician and card burial-transit permit. Then please remave 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle 16g. WAS OPCEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or warnown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (a crematian, DUE TO, OR AS A CONSEQUENCE OF (anditians, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p O FUNERAL DIRECTOR: After this certificate has been priar ta for use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO NO be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day 0 P.M. (If either, notify medical examiner) be detached 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY Street or R.F.D. No. 21e. PLACE OF INJURY 21f. LOCATION County State City or Town While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram #26 Nauch 1 22 , 19 68, ta March 1968, and that in (my) (aur) apinian death accurred an the date and have and from the 3 shauld by with the S saw the deceased alive an_ causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR director, page should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



	04346		CERTIFIC	ATE OF DEATH			0.4	33%		
	CEASED-NAME Fi	irst . Middle		Last	2a. DATE O	F DEATH Manth Day	/ GYear	2b. HOUR		
1.	DAIS	V 5	HAV	CRAFT	3	15	68	183 PN		
3. SE	χ ,	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	EMALE	EAUC.		March 16, 1		(gybirthdoy) YRS.	MONTHS DAYS	HOURS MIN.		
7o. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH				
COUIT	MINN.	USA	WIDOWED		moi	YT60MEN	ey	Md		
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL				(Kind af work done	12b. KIND OF	BUSINESS OR		
	IVER SPRIN	6 give street oddress) FAIRLAN	D NURSINA	Home REA	ost of working	ife, even if retired.) TE BLOKER	INDUSTRY			
13a.	USUAL RESIDENCE (Where dec	eosed lived, if institution: Residence b	efare 13c. CITY OR	TOWN 13d. INSIDE CITY I	LIMITS? 13e. S	TREET AND NUMBER				
dulli	SSION) STATE	mon 160 mERY	KENSI	NGTON YES N	0 39	27 Washing	ton Stre	et		
	ATHER'S NAME First	Middle L	ost 1S.	MOTHER'S MAIDEN NAME	First	Middle		Last		
	CHARLE			CHARLOTT	13	Ž	sueus			
160.	WAS DECEASED EVER IN U.S.	ive war or dates of conice)		IFORMANT		Address				
	es, 190r unknawn) (If yes gi	578-48	-5897	INFORMAT	7010 TI	oken from	SHAL	:7		
	18. CAUSE OF DEATH (Enter	only one cause per line far (a), (b), a	nd (c).)					MATE INTERVAL INSET AND DEATH		
	PART I. DEATH WAS CAU	ICED DV.		Pneismo	2		O) -	D a. A.		
	582 X IMMI		- Luga							
	Canditions, if ony, which go	DUE TO, OR AS A CONSEQUENCE		0	- 1	4	in	0		
	rise ta immediate cause (a	(b) Leners	ro-vas	cular ac	cide	rt	120	lays		
	stating the underlying cou-			00 12			100	5 year		
	last.	(c) Aliron		phritis			10-10	rjeus		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)									
NC	5 7 d X									
MEDICAL CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	20a. AUTOPSY?		F YES, WERE FINDINGS O	ONSIDERED IN CE	ERTIFYING		
E				YES NO] CAUSE	S OF DEATH?				
E	210. ACCIDENT WAS UNDERL		21c. HO	W INJURY OCCURRED (Ente	er nature of inju	ery in Port 1 or Part 2,	Item 18.)			
ICAL	OR CONTRIBUTING CAUSE OF I		Year 19							
WED		Ple. PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, FT		CATION Street or R.F.D. No	City	or Town	Caunty	Stote		
	111110	OFFICE BUILDING, ET	c /	or the state of th		0. 10.111	cuomy	31010		
	at wark at work	(4hi- hit-l) -ttd-d th d-		0 0 10	10 1074	1 15 10	/ IT + + - +	//\ /\ 1		
	saw the decorred	(this haspital) attended the de I alive an March 15	19 les and	that in (my) (our) an	inion doath	accurred on the de	to and haur	(I) (We) Ids		
	causes stated abo	ove, (I) (we) (did) (did not) view	the bady after d	eath.	illion death	accorred on the ac	ne and naor c	Jila ilalii ille		
	22b. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	,			22¢	DATE SIGNED			
	Katharin	e A. Eliapman	, MED DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF -	arch 15	101.5		
				22e. ADDRESS 392		mare St	vun 12	11740		
	NAME (Type)	harine A. Char	man	Kensina	20		195			
220	DIIDIAI CDEMATION I DO	Bb. DATE 23c. NAM	NE OF CEMETERY OR			ON (City or Town)		(Chade)		
230.	BURIAL, CREMATION, 23 REMOVAL (Specify)	1 14.					(County)	(State)		
24			nwood Cem			ngton D. C.		7010		
		rt E. Wilhelm Fuff			REDISINAR	19686. REGISTRAR'S	SHORTHUKE Y	0		
4	308 Suitland	Road. Suitland.	Maryland	DATE		"/	C/			

VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon-pages. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 2 haurs after deaths.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR (Type ar print) Month Gerard Albert Heibel. March 306P 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) MONTHS HOURS Male caucasian January 7 1920 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Pennsylvania USA Montgomery WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Bethesda give street address) during most of working life, even if retired.)
Hospital corpsman INDUSTRY Naval Hospital Navv 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMaryland 9307 Milroy Place 13b. COUNTY Montgomery NO T Bethesda 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Middle Conrad Heibel. Teresa Ann Stiterbenhofer Bethesda, Md. 17. INFORMANT Bethesua, Mud. Address
Mrs. Henrietta L. Heibel, 9307 Milroy Pl. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 11939-1959 14 5674 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary Atherosclerosis, Diffuse, with IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Anterior My; ocardial Infarction Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES T Yes 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that \$\pi\$) (this haspital) attended the deceased from March 5 , 19 68, ta March 5 , 19 68 , that (1) (we) last saw the deceased glive an March 5 19 68, and that in \$\frac{\pi \pi}{68}\$, and that in \$\frac{\pi \pi}{68}\$) (aur) apinian death accurred an the date and haur and from the causes stated abave (we) (did) (2020) view the bady after death. 226 SIGNATUR 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR March 6, 1968 DEGREE revens PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Kibney, MD Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) REMOKAL (Specify) 3-8-1968 Arlington National Cemetery Arlington Virginia 25a, RECD BY REGISTRAR 968 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR To seph Gawlers Sons FAMEEral Home

Wisconsin Ave. N.W. Washington. D.C.

VR A15 (4) 30M REV. 1/68

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O FUNERAL DIRECTOR: After

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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending

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requires that the death certificate be executed within 24

Andrew Auditor Enthiller Cent.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funefol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hour

Poge 4 may be retained by the hospital or attending physician.

after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04334

	ECEASED-NAME First (1/2 ~ 2	Middle C.	Heine	20. DATE OF DEATH Month 3	Doy 23 Year 68 6145		
	F	4. RACE	S. DATE OF BIRTH 1-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8		IF UNDER 1 YEAR IF UNDER 24 HOURS J		
cour	BIRTHPLACE (State or foreign ntry) New York	U.S.A	WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery			
a	tity or town of Death Thea for	11. NAME OF HOSPITAL OR INSTI give street oddress)	Nursing Home	AL OCCUPATION (Kind of work den ost of working life, even if retired Nomemaker			
odm	ission) STATE Md.	ed lived, if institution: Residence before 13b. COUNTY Mont,	Sil. SpR. YES NO	1110 Fide	ER LANE		
14. 1	FATHER'S NAME First TOLN	Middle Lost Colegrova		irst Middle	TAllman		
	(H yes give w	NED FORCES? 16b. SOCIAL SECURITY NO. 579-60-90	0.53 MISS MARIE H	FINE SILVER	Spring Me		
	PART I. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove nise to immediate couse (o),	ly one couse per line for (o), (b), ond (c).) BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	the heart parter	Vislise	APPROXIMATE INTERVAL BETWEEN OISET AND GEAT DESCRIPTION OF REPORTS		
z	stoting the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Parkinger's belast.						
RTIFICATIO	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 200. AUTOPSY? YES NO	CALISES OF DEATHS	S CONSIDERED IN CERTIFYING		
MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exomin	HOUR A.M. Month Doy Yeor ner) P.M. 19	21c. HOW INJURY OCCURRED (Enter		2, Item 18.)		
W	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			County Sto		
R	saw the deceased a	is hospital) attended the deceosed live an 3 - 12 19 e, (1) (we) (did) (did not) view the bo	Ex, and that in (my) (aur) api	s, to 3-23, nian death occurred an the	19 <u>8</u> , that (I) (we) date and haur and from		
	22b. SIGNATURE	Krimbell M D		NED. STAFF 22	2c. DATE SIGNED		
	22d. PHYSICIAN'S NAME (Type) SERU		22e. ADDRESS 9801 42e	regra liveme 1 x	Selves Spring, 1		
			EMETERY OR CREMATORY CREEK	23d. LOCATION (City or Town) WASH D	(County) (Stote)		
	FUNERAL DIRECTOR 10 SOCK GRUNIER	e's Sous 5130 WASH DO	Ave NW 250. REC'D B	Y REGISTRAR 256 REGISTRA	RE SIGNATURE Judge		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

		04343	DIVIDION OF THAL	CERTIFIC	ATE OF DEATH	more, marrians 2120	04	4335
		CEASED-NAME First YPE or print)		Middle rbin	lost Heinl	20. DATE OF DEATH Month March	Doy Year	2b. HOUR
	3. SE	X F	4. RACE WHITE		S. DATE OF BIRTH 3 - 31-80	6. AGE (In year)	YRS. IE UNDER 1 YEAR MONTHS DAYS	IE UNDER 2 HRS. HOURS MIN.
	cour	Ind.	7b. CITIZEN OF WHAT COUN	WIDOWED		9. COUNTY OF DEATH	nery	Md
0	13	ethera	give street odd	widow	during m	AL OCCUPATION (Kind of work of nost of working life, even if retire the property of the control	red.) INDUSTRY U.S	BUSINESS OR
9	odm	USUAL RESIDENCE (Where deceased sission) STATE DC	13b. COUNTY	Washi	ngton YES N	0 2400 Caly	Cornin &	bn.w
3		WAS DECEASED EVER IN U.S. ARME	Middle	ochin	MOTHER'S MAIDEN NAME MEDICAL	ry	Thu	elatt
	100. Y	es, na, ar unknown) (If yes give war	or dates of service) 579	9-16-4201	Son-Rob	t Heinb -	alone	e -
		Canditians, if any, which gave rise to immediate cause (a),		SEQUENCE OF STATES	1 The	embosis,		onset and Death
		stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COND	(c)	lenual	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	254	pre.
n	CERTIFICATION	333X / Jahr 190. DATE OF OPERATION 196. CO	Tes Melondition for which oper	Litus; an	200. AUTOPSY?	20b. IF YES, WERE FINDS CAUSES OF DEATH?	INGS CONSIDERED IN CI	Lailer EMIFYING
	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month	Day Year		er noture of injury in Port 1 or Po	ort 2, Item IB.)	
	ME	at wark ot wark	1940		OCATION Street or R.F.D. No	a. City or Town	County	State
		220. I certify that (I) (this sow the deceased aliv couses stoted abave,	ve on	4 1968, an	d that in (my) () op	inian death accurred on the	, 19 68, that he dote and hour	
,		22b. SIGNATURE Onal	IN. Da	thou, mile		MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	68
	0	22d. PHYSICIAN'S NAME (Type) Dona]	ld W. Datlow	v. M. D.	22e ADDRESS	W BIVD W	1 SHUED SA	PAL M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carboletery fined in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave sarbon papers shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 h VR A15 (4) 30M REV. 1/68

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within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

FUNERAL DIRECTOR

23a. BURIAL, (REMATION, CREMOVAL (Specify) Cremation

23b. DATE 3/6/68 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

UNIV. BLYD. W., SILVER SPANG MED (Stote)

23d. LOCATION (City or Town) (County) Suitland, Maryland

ADDRESS Joseph Gawler's Sons, Inc., Washington, D. C.

Donald W. Datlow, M. D.

25a. REC'D BY REGISTRAR BATE MAR 8 1968^{35b.}

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	TIFICAT	E OF	DEAT	TH

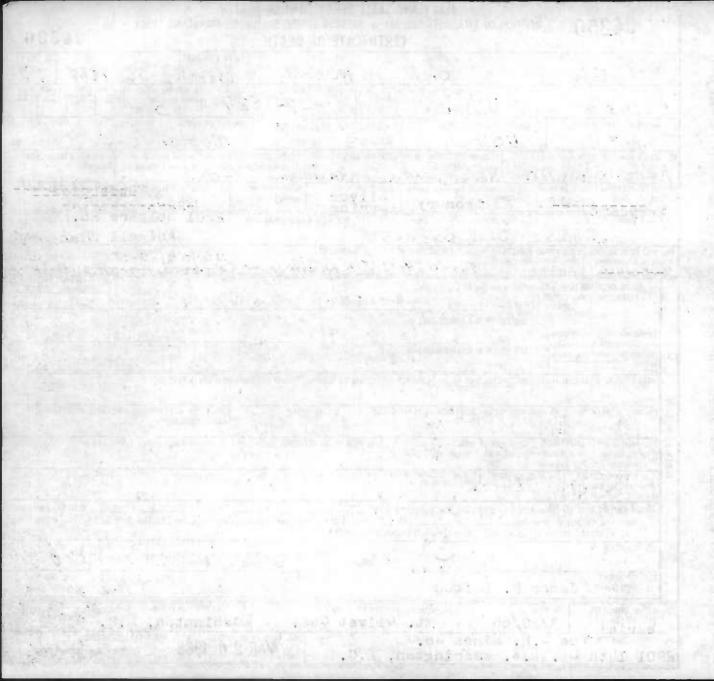
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	ECEASED-NAME First Type ar print)		Middle	La	,	20. DATE OF		Vocat	2b. HOUR	
L	Edwir		B.	HE	nry	mai	Month 16	1968	7-PM	
3. 5	EX	4. RACE)	S. DAT	E OF BIRTH	007	6. AGE (In years lost birthdoy)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN	
	Male.	whi	te.		0-8-1		80 YRS.	MONTHS	MIN MIN	
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	OUNTRY?	8. MARRIED 📄 NEV	ER MARRIED 🔀	9. COUNTY OF	DEATH			
Luo	""" N.Y.C.	USA		WIDOWED [DIVORCED		ntgome	ry	Md.	
10.	CITY OR TOWN OF DEATH	11. NAME OF		ITUTION (If nat in ha			(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR	
1	rensington, n	M. Kens	monton	arden Da	nitirium.	(50)	Ve			
13o.	USUAL RESIDENCE (Where deceose		esiderice before	13c CITY OR TOWN	13d. INSIDE CITY I	IMITS? 13e. STI	REET AND NUMBER	Receit.	440-4-	
	4人生过7日内内77日	13b. Wontgo		Silver		-	المراجع	Contr		
14.	FATHER'S NAME First	Middle	Last		ER'S MAIDEN NAME	First 200			Lost	
-	James	3.	Byrne		104		Abiga	il Ma	honey	
	i. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give wa	e or dates of conice)	SOCIAL SECURITY NO		1	115	-10 210 Address	57,	MY	
4	mkneun yes		4-10-840	7 Jesep	huibyrn	es Cam	bria He	19hts.	MATE INTERVAL	
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane couse per line far	(a), (b), and (c).)		78	1.00	. 25		ONSET AND DEATH	
		TE CAUSE (a)	love	- coas	d gra	our ves	, ,	JM	mutes	
	4109	4109 DUE TO, OR AS A CONSEQUENCE OF								
	rise to immediate couse (a),	Canditions, if any, which gave (b) (b) (b)								
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	lost. (c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
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CERTIFICATION	wire	100	ne.	20	YES NO	CALISES	OF DEATH?			
CERT	21g. ACCIDENT WAS UNDERLYING	2 TO ID TIME OF INJU	RY	21c HOW INJ	[]		ry in Part 1 or Port 2,	Item 18.)		
MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mar		e	non					
MED	(If either, notify medical examiner) P.M. 19 21d. INSURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street on R.F.D. No. City or Town Caunty State While CH. Not while CH. Control of the Control of									
	While Mat while of wark of wark									
	22a. I certify that (1) (this haspital) attended the deceased from August 1946 7, to 7748 /6, 1948, that (1) (we) last									
	saw the deceased glive an 196K, and that in (my) (our) opinion death accurred an the date and haur and from the									
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.									
	22b. SIGNATURE	W.	Jeff.			MED.	STAFF	DATE SIGNED	16.1968	
	22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 1774 PC4 / 01/208									
	NAME (Type) Jame	s M. Lof	tus	4	54	15-Con	yesticut.	Aug H.W.	D-C	
230	. BURIAL, CREMATION, 23b. D	ATF	1 23c NAME OF CE	EMETERY OR CREMA	TORY		ON (City or Tawn)	(Caunty)	(State)	
230	REMOVAL (Specify)	20/68		Olivet				. C .	(5.5.5)	
24.	FUNERAL DIRECTOR The		S C HODRESS		25a. REC'D	BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE		
			hington	, D.C.	DATE MA	KZU 1	968 you	mes for	with .	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the far director, page 3 should be detached far use as the burial-transit permit. Then please remove carban capers. Porest should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs often

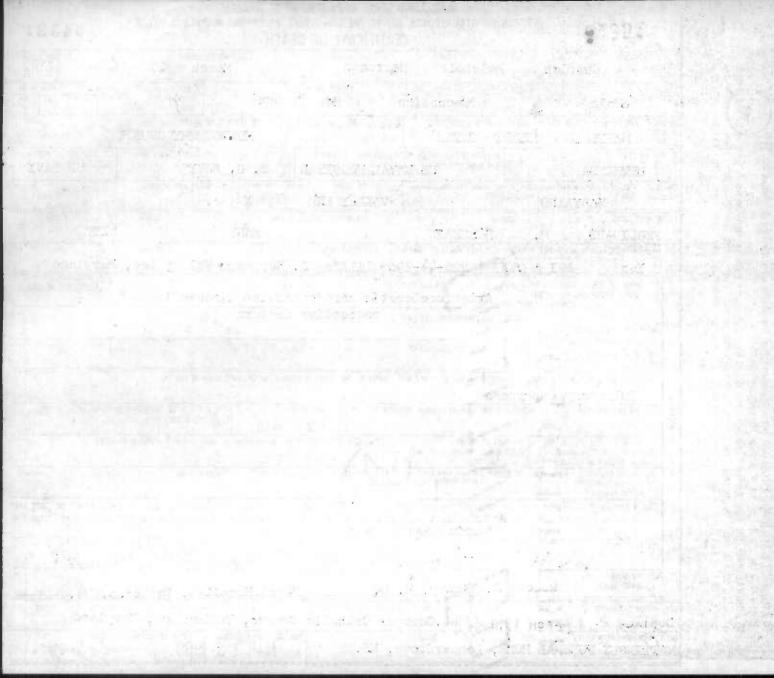
24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Page 4 may be retained by the hospital or attending physician.



FUNERAL HOME, Leonardtown, Md.

30M REV.



3/6/68

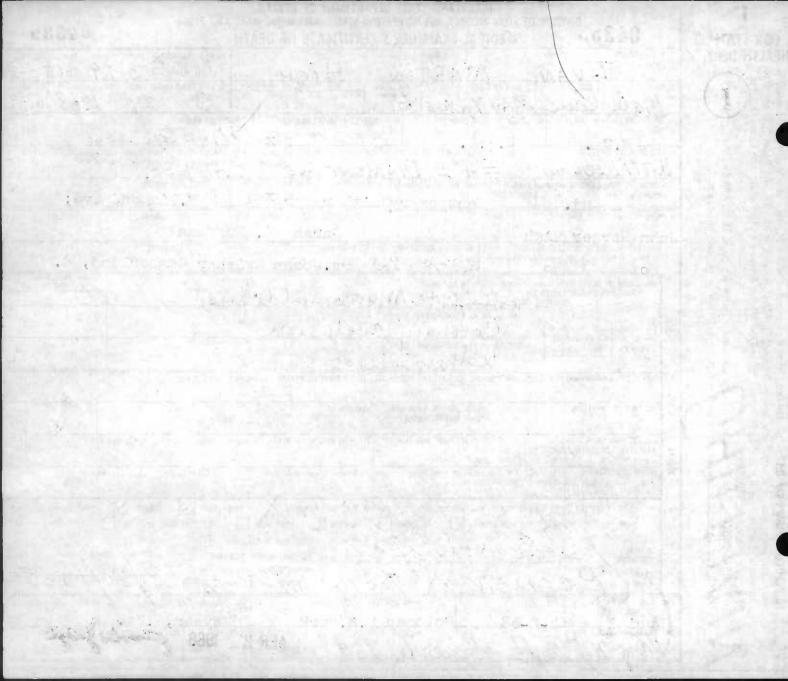
Pottstown West End Cemeter

VR A15ME (5) 1DM REV. 1/68 94338

2a DATE KNOWN Manth Day Year 3P N 19 68 2c. DATE PRONOUNCED DEAD 2d. HOUR Month March Doy 3P " 13e. STREET AND NUMBER 4604 Bel Pre Rd. Middle Flickinger APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH 20. AUTOPSY? ond in my opinion Undetermined manner

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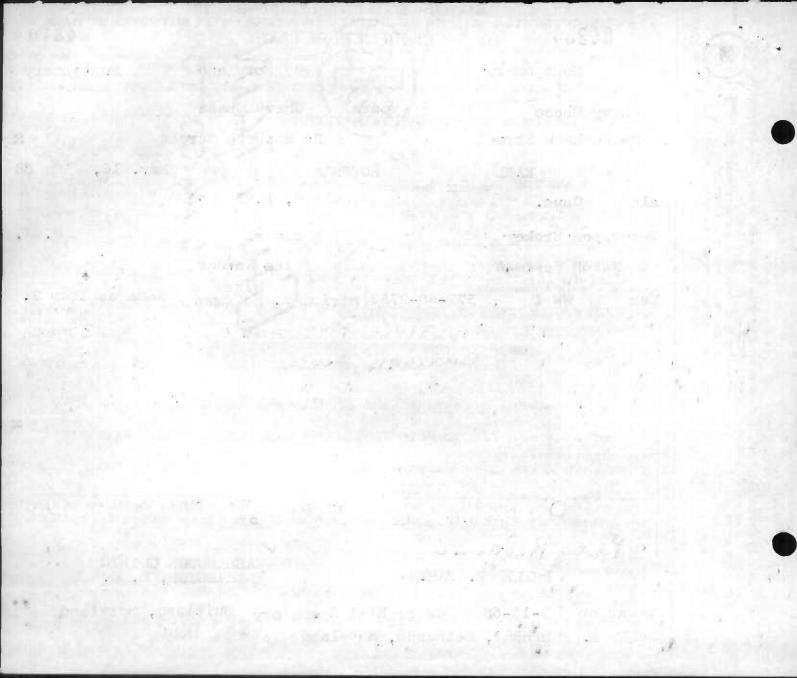
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND		E (Where deceased lived, If institution: I ryland b. COUNTY MC	
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
Chevy Chase years	Chevy	Chase	
d. NAME OF HÖSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
24 Hesketh Street		eth Street	YES NO X
3. NAME DF First Middle DECEASED (Type or print) KARL HOFF.	Last MAN	4. DATE Month OF DEATH Mar. 16	
	uly 9, 18	93 9. AGE (In years IF UNDER Months 74 yrs.	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	11. BIRTHPLACE (C	ounty & State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
during most of working life, even if retired) INDUSTRY Insurance Broker	Missour		U. S.
13. FATHER'S NAME	14. MOTHER'S MAIL		0. 0.
Jacob Hoffman		Snyder	
	INCODMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	W	ife offman Same as	s Item 2.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE	MELOME		3 YEARS
203 X DUE TO S			
Conditions, If any, which) (b) BRONCHITIS, F	ACUTE		2 Weeks
gave rise to immediate			
underlying cause leet			
	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
203×			PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING 1 DR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of	f injury in Part I or Part II of item 18	B.)
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, fa		unty) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20m. PLAI factor	ry, street, office bldg., e	(6.)	
21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on MR. 15 1962, and that		958, to MAR. 16, 19	
22a. SIGNATURE	death becomed at	1 22b.	DATE SIGNED
Policie R. Vames M.D	PHYS.	MED. DIRECTOR PHYS.	
PHYSICIAN'S NAME (Type) PHILIP R. JAMES		ASHINGTON CLINIC ASHINGTON, D. C.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
Cremation 3-18-68 Cedar Hill	Cnomoto	Suitland, Mary	rl and
24. FUNERAL DIRECTOR ADDRESS	Grematory 25a. RE	C.D BI KERIZIKAR P SOR. MERIZIKAL	S.S. SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Mary		R 2 6 1968	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Dy director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14342 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle First March (Type or print) Mary Tee HOLLENBACK 4. RACE S DATE OF BIRTH 6. AGE (In years 1E UNOFR 1 YEAR IF UNDER 24 HRS 3 SEX last birthday) MONTHS Female Caucasian Dec. 19. 1939 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X coultwdiana USA Montgomery WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) Bethesda Naval Hospital State Department Govt. 13e. STREET AND NUMBER 2508 S. Walbasch 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b COUNTY YEST Kokomo Indiana 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Clarence Hollenbeck Wilma Bryant 17. INFORMANTKOKOMO. Ind. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) (If yes give war or dates of service) 2508 S. Walbasch 328 32 9116 Mrs. Wilma Hollenback 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma-primary adrenal or ovary with metastases to liver, bone, lung, lymph nodes, pancreas, Conditions, if any, which gave and kidney rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 3 Yes 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that () (this haspital) attended the deceased from Oct. 1 , 19 68 , ta Mar. 17 , 19 68 , that (4) (we) last saw the deceased alive on Mar. 17 19 68 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (b) (we) (did) (didyngt) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. March 18, 1968 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) D. N. HOLT Naval Hospital, Bethesda. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a. BURIAL, CREMATION 23b. DATE 3-20-68 REMOVED (Specify) Thrailkill Cemetery Swayzee, Indiana 1988 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE MAR 2 6 ADDRESS 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home Wisconsin Avc., Bethesda, Md.

O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be filed v VR A15 (4) 30M REV. 1/68

within 72 haurs

papers.

please remove carban

burial-transit

the

SD

for

detached

signed by

requires that the death certificate be executed within 24 haurs

ATTENDING PHYSICIAN: The law

by the haspital ar

be retained

THE PARTY A CONTRACTOR OF THE PROPERTY O anticular per al Sel (2010 for a second province of Selection Control CONTROL OF THE PROPERTY OF THE the state of the s

Items#2a,13a,c,eDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04343 CERTIFICATE OF DEATH &23c. Film#G399 **DECEASED-NAME** First Last 2g. DATE OF DEATH and uneral (Type or print) Rut Howard 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. Pages lost birthdoy) 븅 papers. Pag hin 72 haurs o emale DUIS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Iowa WIDOWED V DIVORCED | onto omery physician and campletely filled 12a. USUAL OCCUPATION (kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within giverstreet, oddress during most of warking life, even if retired.) please remave carban ¥. event, THINH, INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before M3c, CITY OR 13e. SIKTET AND NUMBER-AWADDA 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Last and in 16b. SOCIAL SECURITY NO 17. INFORMANT Address Sp 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) Mrs. Georgia remayal 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: EFE BRAL permit. 0 IMMEDIATE CAUSE (a) crematian. DUE TO, OR AS A CONSEQUENCE OF HETERIUSCLEROSIS Conditions, if ony, which gove burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the priar to l O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? far use YES [NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. the haspital Manth Day Year J.O P.M. (If either, natify medical exominer) be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town OFFICE BUILDING, ETC. While Nat while at wark O HOSPITAL OR ATTENDING Page 4 may be retained by shauld director, page 3 shauld shauld be filed with the causes stated above (1) we) (did (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S Doneld Olney Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Alam Hills March 2h 1968 Forest Wisconsin Madison 25b. REGISTRAR'S SIGNATURE 2SG. RECD BY REGISTRAR DATE MAR 2 6 19 ADDRESS Lavtonsville VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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Pages 1 and 2 Ars after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 h.

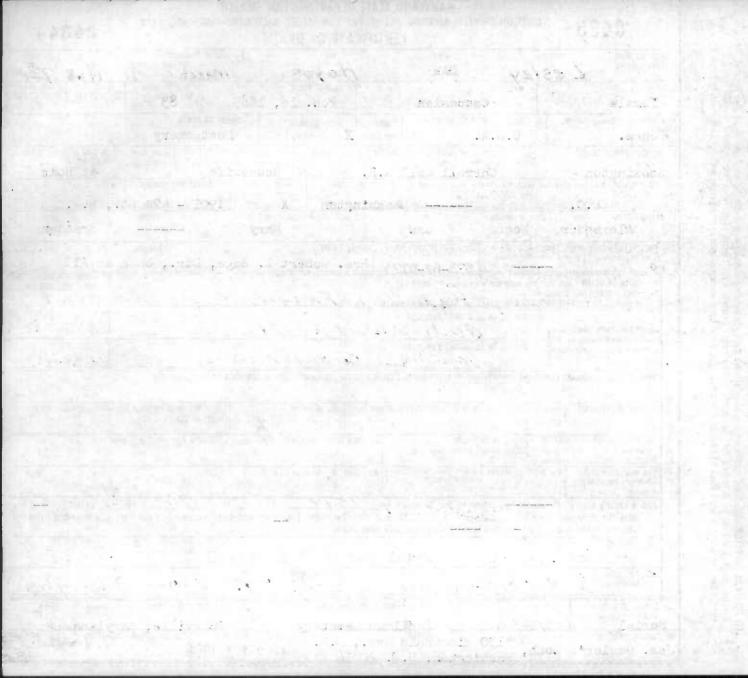
VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

24 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DECEASED-NAME Firs		Middle	Lost	20	DATE OF DEATH		2b. HOUR
(Type or print)	slev:	GAW	Hoyo	S.	MARCH -	11 1968	75pm
3. SEX	4. BACE		S. DATE OF BI		6. AGE (In year	rs IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Cau	casian	Feb.	18, 188	5 lost lost lost lost	YRS. MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MARI	RIED NEVER MAR	RIED 9. CC	OUNTY OF DEATH		
Penna.	U.S.A.			RCED 🗍	Montgomery		Md
O. CITY OR TOWN OF DEATH		F HOSPITAL OR INSTITUTION	(If not in hospital		CUPATION (Kind of work		BUSINESS OR
Kensington	give street	oddress) oll Hall N.I	н.	during most of Houses	f working life, even if reti wife	red.) INDUSTRY At H	ome
3o. USUAL RESIDENCE (Where deced	osed lived, if institution: F			13d. INSIDE CITY LIMITS?	13e. STREET AND NUMB		
dmission) STATE	13b. COUNTY	Wasi	hington	YES NO	3901 - 474	St. N.W.	
4. FATHER'S NAME First	Middle	Lost		AIDEN NAME First	Mid		Lost
Alexander	Moore	Gaw		Mary		- Bran	idon
(60. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	Ne Ne I	Addr		
No No	5	78-62-0173	Mrs. Rob	ert L. Sa	age, Dtr., S		
1B. CAUSE OF DEATH (Enter of		(o), (b), ond (c).)				APPROXIM BETWEEN OF	MATE INTERVAL NSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (o)	Klepirato.	1 Fo	lune		101	has.
4409	DUE TO, OR AS A	ONSEQUENCE OF		-	The state of		12-11
Conditions, if ony, which gove		cute myo	Cardon	Frilar	.6 1	4m.	101735
rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A	ONSEQUENCE OF		. 0			
lost.	11		arten			12 ye	20125.
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART 1(o)		
\$ 4500							
190. DATE OF OPERATION 191	b. CONDITION FOR WHICH O	PERATION WAS PERFORMED			20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
			YES				
		RY 2	1c. HOW INJURY OCC	URRED (Enter note	ure of injury in Port 1 or P	ort 2, Item 1B.)	
(If either, notify medical exam	niner) P.M.	19					
While Not while at work of work	e. PLACE OF INJURY (AT HO		1f. LOCATION Stree		City or Town	County	Stote
22a. I certify that (I) (t	his hospital) attende	d the deceased from	1741	19	, to 5/11	, 19 <u>66</u> , that	(I) (we) las
saw the deceased	alive an ve, (I) (we) (did) (did	net) view the hady a	, and that in (m fter death	A) (ont) abiuiau	death accurred an t	he date and hour o	and from the
22b. SIGNATURE	(1) (110) (ulu) (ulu	non, view me oddy d	Tior dodni.			22c. DATE SIGNED	-
Alab.	homor	MID	DEGREE PHYS.	MED.	OR STAFF	5/11/6	F
228. PHYSICIAN'S	1 TT		22e. ADD	RESS	-711	, , ,	7 0
NAME (Type)	4. 1 Dow	asmin.	9	30/ 4	873 St N.W	Washin	of to a PC
	. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	230	d. LOCATION (City or Town) (County)	(Stote)
REMOVAL (Specify) Burial	3/14/68		n Cemeter	v	Rockville		(2)
24. FUNERAL DIRECTOR	5130 W	 ADDRESS 	3.7 7.7	2So. REC'D BY RE	70200	TRAR'S SIGNATURE	Let.
Jos. Gawler's S	ons, Washin	gton, D.C.	20016	DATEMAR 1	4 1968	The same	0



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MARYLAND STATE DEPARTMENT OF HEALTH

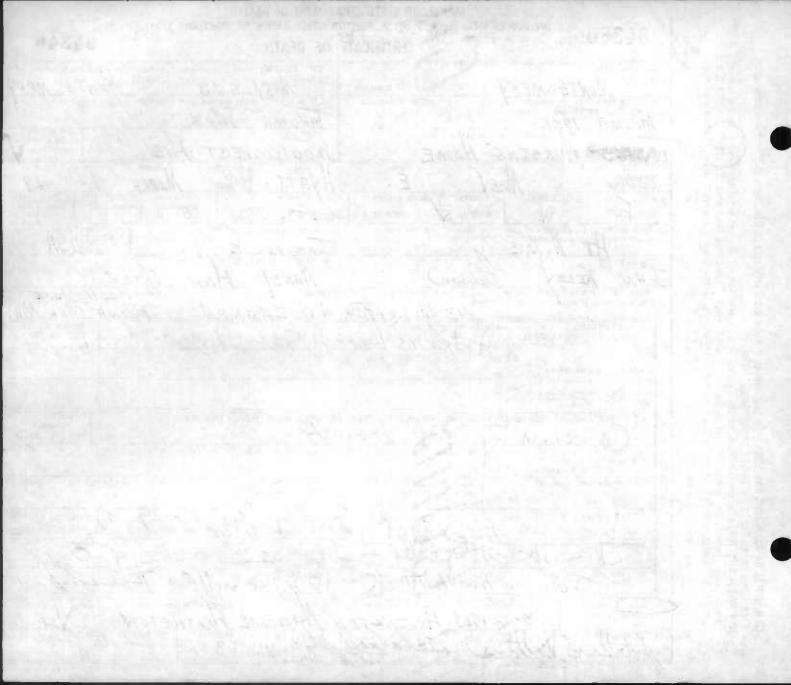
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04 36 dtems CERTIFICATE OF DEATH

1			
1		PLACE OF DEATH. o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
		MONTEOMERY MARYLAND	O. STATE MARY LAND B. COUNTY MONTEO MERY
		b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	TAKOMA TARK-	TAKOMA JARK
		d NAME OF HOSPITAL DR INSTITUTION (If not in hospitoly, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
0	1	MALLS NURSING HOME	1200 PROSPECT HYE. YES NO 1
15		DECEASED (Type or print) MARY Middle MARY E	HYATT. DATE MARCH 9- 1968
1	S.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DAYE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1		WIDOWED DIVORCED	Dec. 27, 1881 86 yrs.
	10o duri	. USUAL OCCUPATION (Give kind of work done ing most of working lite, even/fretired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign/country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MDTHER'S MAIDEN NAME
	7	TOHN XILEY Gilman)	MANCY HAN TRICE.
			INFORMANT Address 1200 PROSPECT
	(Ye	es, no, or unknown) (If yes give wor or dates of service) 213-48-800 4711	P. WW FACTARDA TOWNER HOW MA
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PROPERTY OF SCHOOL OF SCHO	OCIT. PONO ISTITUTO ONSET AND DEATH
		4409 DUE TO	791
		Conditions, if ony, which gove) (b)	
		rise to immediate couse (a), stating the underlying couse DUE TO	
		lost. 4500 (c)	
^	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	FICATION	Carcina una de son	PERFORMED? YES NO [7]
	IFIC		D. (Enter noture of injury in Port I or Port II of item 18.)
	CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEC	Hour o.m. 19 While Not While of work	octory, street, office bldg., etc.)
		21. 1 certify that (I) (this hospital) attended the deceased fram	200 , 1960, to March 7, 18 , that (1) (we) las
			at death accurred ar 10 5 AM, fram causes and an the date stated above
		220. SIGNATURE / 1000 / 10	ATTENDING MED. STAFF 22b. DATE SIGNED
		Jones of a good with	M.D. PHYS. DIRECTOR LI PHYS. LI 7 7508
1		22c. PHYSICIAN'S NAME (Type) James M. Whit lock	22d. ADDRESS and an Taland fail and
<	230	BURIAL CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY C	OR CREMATORY . 23d, LOCATION (City or Town) (County) (Stote)
		REMOVAL (Specify) 3- 12-1968 HRLINETO	N AVATIONAL HRLINGTON VA.
	24	FLATERAL DIRECTOR S. S. ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S AGNATORE
		MINTER VEILERA) LOH CECCOL	MAR 1 3 1968

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 bours after dept. VR A15 (4) 25M 1/67



after death

This certificate shauld be executed within 24 hours

DICAL EXAMINER:

TO DEPUTY

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1

Health prior ta burial, crematian, or removal, and in any event within 72 haurs after death.

0436

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1/2	3	1.	9
 2	U	th	1

1. DECEASED-NAME (Type or Print)	First		Middle		Last		2a. DATE KNOWN Manth		Year 2b. HOUR
(14be of 111111)	WILLIAN	1 W	ilbur	I	AGER		DEATH MATED Marc	h l	6,810;37
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE	III FAGIS	R 1 YEAR OAYS HOURS	DER 24 HRS MIN.	2c. DATE PRONOUNCED DEAD	The second	2d. HOUL
Male	White	9/2/09	58	YRS.	ONIS HOURS	ann.	Modarch Doy 1	Year	16810;37
7a. BIRTHPLACE (Sto	te or fareign	7b. CITIZEN OF WHAT (COUNTRY? B.	MARRIED [IEVER MARRIED	9. COU	INTY OF DEATH	77.71	PIM PIM
(duntry) Mary	land	USA		WIDOWED 3	DIVORCED [] M	ontgomery		Md.
10. CITY OR TOWN (OF DEATH		OF HOSPITAL OR INS				CUPATION (Kind of work dane f warking life, even if retired.)	12b. KIND INDUSTRY	o of Business or
Silver	ICC /Where James	sed lived, if institution		Cross	134 INSIDE C	Auto	STREET AND NOMBER	Aut	TO Dates
admission) STAT	Marylar	13b. COUNTY	ceGeorge	TT _ -			0.0000000000000000000000000000000000000	CT	
14. FATHER'S NAME	Marylar	Middle	ceGeorge		IER'S MAIDEN NAM		6700 Belcres	t Ro	
		Middle				ME 11151		Macl	hesney
Willia 16a. WAS DECEASED E	MED IN U.S. ADMED	A Ivi	Lager b. SOCIAL SECURITY NO		sie				
(Yes, no, or unkno Yes		war or dates of service)	D. SUCIAL SECURITY NO	CH 5 9 10 17		T Da	11455Ch	erry	yHill Rd
		NLT		Mrs.	Helen	I Da	meron Beltsvi	lle:	MD POVIMATE INTERVAL
	F DEATH (Enter on DEATH WAS CAUSE!	ly one cause per line	fon(a), (b), and (c).)	10		. ()	100	BETW	VEEN ONSET AND DEATH
1/1		ATE CAUSE (a)	Cute	000	nary	160	sufficien	17	
410	29	DUE TO, OR AS	A CONSEQUENCE OF	1	20	1/2	ly Air	1	
	ony, which gove 'diate cause (a),	(b) (c)	ronev	ry Clr	lery	Ho	art will	ens	2 .
	nderlying couse	DUE TO, OR AS	A CONSEQUENCE OF		8				
last.		(c)	1	/					
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TE	RMINAL DISEASE C	OR CONDITIO	ON GIVEN IN PART 1(a)		
8 4201	ODERATION	Lion	COLUMN TOO WA	ISIL OPERATION				Loo	AUTODOVA
190. DATE OF	UPEKATIUN	146	b. CONDITION FOR WE WAS PERFORMED?	ICH UPEKATION					AUTOPSY?
190. DATE OF	CANICS MAC	Tott Time of him	UDV N D	Tax yawa	VILLEY OFFICE	10			YES NO
	CAUSE WAS OR CONTRIBUTING [URY Month, Doy, Yeor	21c. HOW I	NJURY OCCURRED	(Enter natu	re af injury in Part 1 or Part 2, It	lem 1B.)	
CAUSE OF DEA		P.M.	19	224 224					
- Lid. Hisoki o		PLACE OF INJURY (At h ctory, office building, e		21t. LOCATIO	N Street or R.F.D.	No.	City ar Tawn	County	Stote
	NOT WHILE TO								
22a. I	certify that I t	aak charge af the i	remains described	above held a	n Autapsy], Ins	spection 📈 , Inquiry 🔀	an an	nd in my apinian
death r	esulted from:	Natural causes	Accident	, Suicide	, Hami	icide 🔲,	Undetermined manner		
	6/1	1/2	11/1	1	CHIEF MEDIC	CAL EXAMINI	ER 🗌		
SIGNATURE.	Sel	som 1	111	10	A.D. ASSISTANT N	MEDICAL EXA	MINER 22b. DATE	SIGNED	
EXAMINER'S		/) X.	Stra 11	DEPUTY MED			2//	19/02
NAME (Type		ENK	15	444		e vityeto	(vn con rounty)	11	168
23a. BURIAL, CREMA	ATION, 23b.	DATE /4/68		METERY OR CREM				(County)	
Buylar		4/08		e Washi			attsville Prin		
24. FUNERAL DIREC			ADDRES			EC'D BY REC			
Francis	Gasch	s Sons Hy	yattsville	, Md.	DATE	MAR	6 1968 yello	was.	Judges,

VR A15ME (5) 10M REV. 1/68

5 may be retained far yaur files.

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y najidu.			M Die Are
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and with a letter of	mi (zvadány)	J. D.	1.18
edr north a least		7. 11.	102 (17)
The state of	1 - 1 · 1 · 1		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04362 CERTIFICATE OF DEATH

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Madiectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after

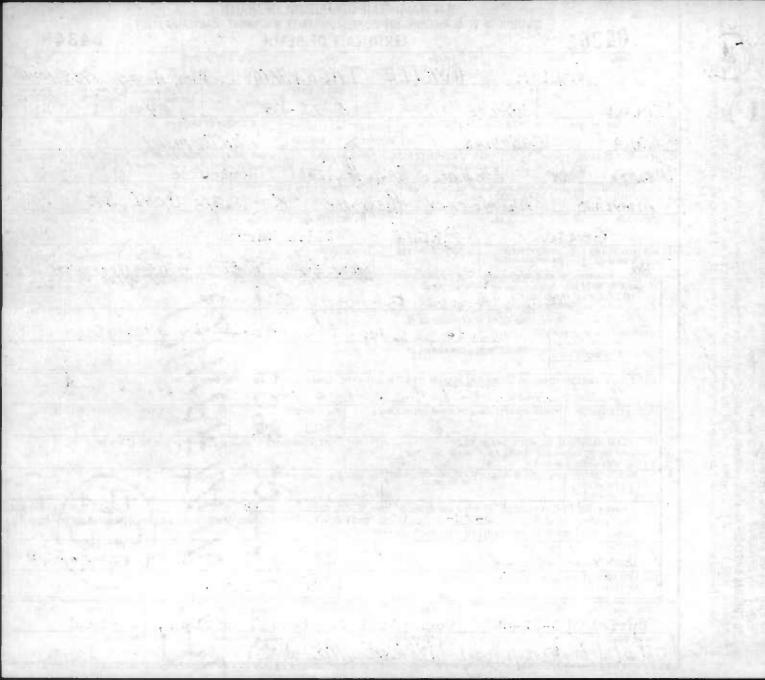
VR A15 (4) 30M REV. 1/

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician

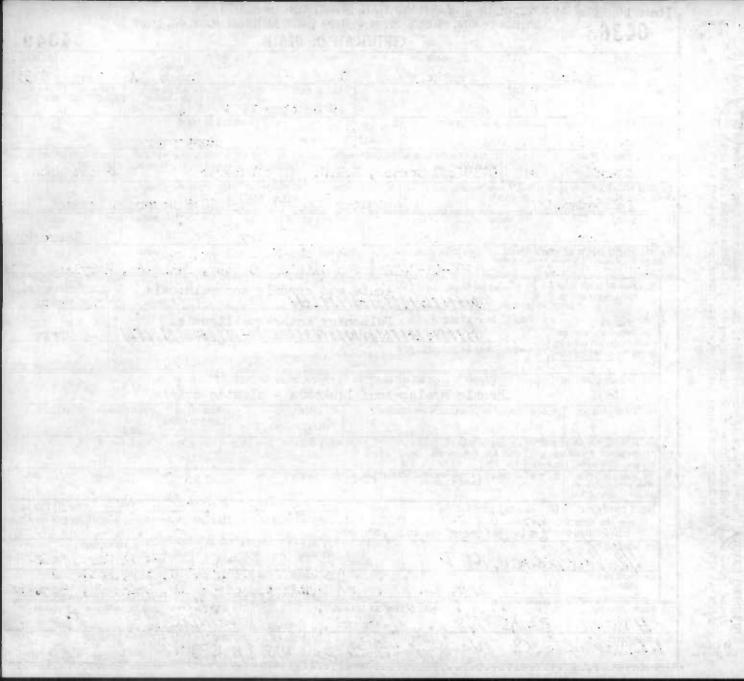
Page 4 may be retained by the haspital ar attending physician.

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		-								
	CEASED-NAME	Fire	st ,	Middle		Lost	20	o. DATE OF DEATH	M	2b. HOUR
(1	ype or print)	NEL	LIE	NYRIL	EZ	NGK	AHAM	MARCH 3	196 ig6	8 10:40M
. SE	X		4. RACE		S	DATE OF B	IRTH	6. AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
F	EMALE		WHIT	E		5-1	2-83	lost birthdoy)	MONTHS DAYS	HOURS MIN
F	RIPTHPLACE (State	or foreign	7b. CITIZEN OF WHA		8. MARRIED			OUNTY OF DEATH		
Un	NADA		CANADIA	1	WIDOWED			Pant To am-ny		44.4
1	TITY OR TOWN OF	DEATH	LI NAM	E OF HOSPITAL OR INS		7	- W. /	CUPATION (Kind of work done	TIRE KIND OF	Md. F BUSINESS OR
1/	+Kom 4	PARK	give str	eet oddress)	~ /	SPITA	during most o	f working life, even if retired.	INDUSTRY	DUSINESS UK
30.	USUAL RESIDENCE	(Where dece	osed lived, if institution		139 CITY OR T	NVO	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	54	
ımı	MARYL	AND.	13b COUNTY	MERY	KOCKUL	1/2	YES NO _	3/3 CARL	St.	
	ATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MA	AIDEN NAME First	Middle		Lost
	(Seorge	0	CREEL	/	Eli	za Warr	ren		
0.	WAS DECEASED E			6b. SOCIAL SECURITY N		ORMANT	Du Wall	Address	-	
Υ	es, no, or unknow	n) (If yes giv	e war or dates of service)		16	50. 40	1 CHO	RT WASHIN	lated C	aN
ī					150	3/1/4	~ CATA	KI CUNSHIN	APPROX	MATE INTERVAL
ı		DEATH (Enter of ATH WAS CAUS	only one couse per line		DI		01		BETWEEN	ONSET AND DEATH
1	PART I. DE	IMMEL	DIATE CAUSE (o)	cute /	ulmo	nary	Cale	na a		
	412	9	DUE TO, OR AS	A CONSEQUENCE OF	^	1	1	100		
I	Conditions, if or	y, which gove	e) (b) A	rterios	cleve	stic	Hear	A Visea	s-e-	
1	rise to immedi			A CONSEQUENCE OF						
4	stoting the und	eriying coust	(c)							
ı	PART 2 OTHER	SIGNIFICANT C		NG TO DEATH BUT NO	T DELATED TO	THE TEDAMINA	I DISEASE OP CONDI	ITION GIVEN IN PART 1(0)		0
			pintesti		muort		-CtTOL	ogy undeter	- univer	1
	190. DATE OF OPE		b. CONDITION FOR WHICH	- 1		.5/				CENTIFYING
ı	190. DATE OF OPE	KATION 119	b. CONDITION FOR WHICH	H OPERATION WAS PER	FURMED	20a. AUTO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	EKIIFTING
l						YES				
	210. ACCIDENT		2101 111112 01 1		21c. HOV	INJURY OC	CURRED (Enter not	ure of injury in Port 1 or Port 2	?, Item 18.)	
	OR CONTRIBUTING (If either, notify			Month Doy Yeor						
1	21d. INJURY OC	CURRED 21	e. PLACE OF INJURY (T HOME, FARM, STREET, FACT	ORY.) 21f. LOCA	ATION Street	et or R.F.D. No.	City or Town	County	Stote
ı	of work Not w	vhile 🗌	10	FFICE BUILDING, ETC.	1		- 5 %			
	22a Leartif	ork	this hasnital\ attan	dad the decase	d from	13/10	10 6	to 1	0 GC tha	t (1) (wa) last
١	saw the	doconcod	alive an	20- 11	268 and	that in (m	y) (qur) aniniar	, ta, 1 n death accurred an the	date and hour	and from the
	causes	stated aba	ve, (I) (we) (did) (d	lid nat) view the b	adv after de	ath.	iy) (doi) apiilidi	i dedili decolled dil lile i	adie dila lidoi	una mom me
ŀ	22b. SIGNATURE	11 8	7 0 0	7	. //			72	c. DATE SIGNED	
	100	ull	do th	h. M	1 & DEGREE	ATTENDI	NG MED.	STAFF	3-20	-68
	228. PAYSICIAN	Jose	oh E. Smi	76 76	- DLOKE	Inn ADD	DECC		2	
1	NAME (Type	1)	ph E. smi	(N O / .		120. 13	urtons	ville, md		
									•	
٥.	BURIAL, CREMAT		D. DATE	23c. NAME OF				d. LOCATION (City or Town)	(County)	(Stote)
1	REMOVAL (Special		5-22-68	Cedar	Hill	Ceme	tery	Suitland, Ma		
	FUNERAL DIRECTO	IR/ D/	1/ 0	ADDRESO	10	MA	2So. REC'D BY RE			1 - 3
. (alian.	11 1	Timus lino	11 NRG	uda	110	DAMAR 2	6 1968 Pelia	way your	yes :



)	Item 18 Film 399	3-29-68 amMARYLAN	O STATE DEPARTMEN	T OF HEALTH T, BALTIMORE, MARYLAND 21201	
(M)	04363		ERTIFICATE OF DE		04349
# = P#	1. DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH Month Doy	Year 2b. HOUR A
er death funeral i 1 and 1	Andrew	Anthony	Izing	March 14	1968 8:35M
fter ifter	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN.
1 535	Male	White 7b. CITIZEN OF WHAT COUNTRY?		ber 1918 49 YRS.	
hours hours	7o. BIRTHPLACE (Stote or foreign country) Pennsylvania		8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		
n 24 illed papel nin 72	10. CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital	Montgomery 12a. USUAL OCCUPATION (Kind of work dane	Md. 12b. KIND OF BUSINESS OR
within pan ban p	Bethesda	give street oddress) Cen	ter, N.I.H.	during most of working life, even if retired.)	Sheet Metal
PHYSICIAN: The law requires that the death certificate be executed within 24 e haspital ar attending physician. It is certificate has been signed by the attending physician and campletely filled istached for use as the burial-transit permit. Then please remave carban paper to the priar to burial, crematian, ar remaval, and in any event, within 72 company.	13a. USUAL RESIDENCE (Where decease admission) STATE Pennsylvania	d lived, if institution: Residence before	13c. CITY OR TOWN 13d. II	INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1818 Somerse	t Avenue
d co	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN		Last
be n an an d in d	Stephen	Izing		Mary	Zabrosky
rate sicial sleas sleas	160. WAS DECEASED EVER IN U.S. ARM	D FORCES? 16b. SOCIAL SECURITY N	1110	Medical Records Address	
rtific physen pen paral		r or dates of service) 192-01-86		cal Center, Bethesda,	Maryland 2001
oth ce ding t. The	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c). BY:	Acute and chr	onic cor pulmonale	BETWEEN ONSET AND DEATH 21 Vears
dec armi n, ar	515 / IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	17641011011A		20 years
the chirt point in point in point in point in point in point in the contract i	Canditions, if any, which gave)	(b) Oldreddid My	eYdedddis /Vexk		2½ years
that an. by t rans rans	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
equires th physician signed by burial-tra burial, cre	lost.	(c)			
requ g ph n sig e bur a bur	5731	Chronic myelog		EASE OR CONDITION GIVEN IN PART I(a) - blastic crisis	
The law re attending has been se as the th priar ta	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The atte	MIRIC		YES 🔯	NO CAUSES OF DEATH? Yes	
rate or u	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRI	ED (Enter noture of injury in Port 1 or Part 2, I	tem 18.)
SICL spito spito ed f	a (If either, natify medical examin	er) P.M. 19			
5 = 0	21d. INJURY OCCURRED While Nat while at work 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION Street or	R.F.D. No. City or Town	County State
by til fter be d	220. I certify that (A) (this	haspital) attended the decease	d from 11 January	_, 19 <u>68, ta_17, Ma.r.ch, 19_</u> aur) apinian death occurred on the dat	68_, that (1) (we) last
OR ATTENDING be retained by the iRECTOR: After the 3 shauld be d ad with the State	saw the deceased al	ve on 14 March 1 (we) (did) (stidenst) view the	9.00, and that in (1944) (a bady after death.	aur) apinian death occurred on the dat	te and haur and from the
Sha Sha Sha	22b. SIGNATURE	11		22c. 0	ATE SIGNED
OR be r	Mickay (1)	uper, M.D.	DEGREE PHYS.		March 1968
TAI May AI Dag	22d. PHYSICIAN'S NAME (Type) Min	chael Emmer, MD.		The Clinical Center, tutes of Health, Beth	
D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	111		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	0-11-11-11-1	2-1.5-19/5	•	WINDBER	PA (State)
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR amba	Co 1400 chapers	(4)2W 250	AAR 1 8 1968 SCHOOL	SIGNATURE
			THU ! UM		63 - 63



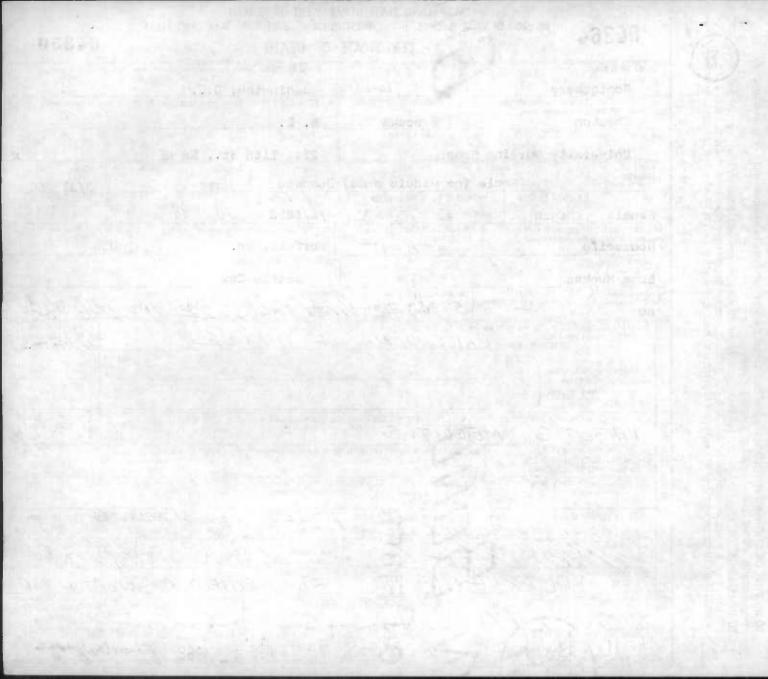
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04350

	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceosed lived	, if institution		re admissio	n)
	Monto	omery		MARYL	AND	Washingto	on. D.C.	b. COUNT			
	b. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If ou		, write RURAL	ond give neores	t town)	
	Wheat	d give nearest town)		6 weeks		N. E.					
		AL OR INSTITUTION (If no	t in hospital			d. STREET ADDRESS	Part of the			e. IS RESID	FNCE
										ON A FA	ARM?
		rsity Nursi	ng Hom			224 11th		NE		YES	NO 🗶
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Month	Doy	Yea	ir
	(Type or print)	An	nie (n	o middle na	ame)	Johnson	DEATH		3/	31 196	8
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	9. AGE (FUNDER 1 YEAR	IF UNDER	24 HRS.
	Female	Negro	WIDOWED	DIVORCED		4/6/1893		irthdoy) 4 yrs.	Months Doys	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County &	& Stote, or foreign co	intry)	12. CITIZEN OF		
dur	ing most of working Housewif	life, even if refired)	IN	AT HOME	-	Norfolk, V	la.		USA COUNTRY?		
-	FATHER'S NAME			77 / 110 / 12		14. MOTHER'S MAIDEN N					
	Lume Hug	hes				Mattie	Cox				
15.			16.	SOCIAL SECURITY NO.	17. JN	ORMANT		Address		,	
(Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	service) 5	77-68-7121	11/11	VIAN FIELD	5 22	4-110	- SPNE	-Was	sh
F	18. CAUSE OF D	EATH (Enter only one cou	se per line for	(a), (b), ond (c).)	_				INT	ERVAL BETY	WEEN
	PART I. DEA	TH WAS CAUSED BY:	CAY	CINOM	A 1	OF PAN	CEAS		9N	SET AND D	EATH
	157.0	7 IMMEDIATE CAUSE		2011	, ,	, ,,,	- //		7	JENIL	
	Conditions, if ony	which gove >							75.4		
	rise to immediat	te couse (n)	(b)		-						
	stoting the unde	rlying couse DUE	10						27 30.0		
	lost. 157	X	(c)								
2	PART II. OTHER S	GNIFICANT CONDITIONS CO			TED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PA	RT 1(o)	19.	WAS AUTO PERFORME	PSY
CERTIFICATION	PIAB	ETIS	MEC	LITUS							NO X
	20o. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OC	CURRED. (Er	nter noture of injury in f	Port I or Port II of i	em 18.)			
ERI		MEDICAL EXAMINER)									
		URY Month, Doy, Year	204 1	NJURY OCCURRED T	200 DIACE	OF INJURY (Home, form	. 20f. (City	or town)	(County)	19	Stote)
MEDICAL	Hour 'o.	m,	While			, street, office bldg., etc.)		,, 10411)	(county)	1.	31016)
2	р.		of wor	k l ot work							
		fy that (I) (this has	oital) atten	ded the deceased f	ram_2	13 PEB, 1	9 68, 10 3	MAI	C, 1968, Th	nat (I) (*	ve) last
		eceased alive an	30 M	ARC 19 68, a	nd that (death accurred at	8 30 M, from	causes an	d an the dat	e stated	abave
	220. SIGNATURE	161126	101			ATTENDING .	MED.	TAFF -	22b. DATE SIGN	EB/C	-
	///	MHT) 7	y o	27/_	M.D.	PHYS.		HYS.	3/3//	60	
	22c. PHYSICIAN'S		1	0 010		22d. ADDRESS	0	0.	1		0
	NAME (Type	MHUER	600	UH MI		03045HUR	EFIELD	KD U	OHEATO	NI	10
230	BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCATION	(City or Town) (County		tote)
	REMOVAL (Spetify	4.4.	68	Harr	ham	2 Com	Jan	lover		m	e.
24	. FUNERAL DIRECTO		0	ADDRESS ,	0		BY REGISTRAR		TRAR'S SIGNATUI		
	IN II)	More hora	· To	this Ma	16.	M. C DATE OF	1 100	vel	corres &	udge	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fung director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages behalved be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after the VR A15 (4) 25M 1/67



23 12/	tems 18, 22a film 39 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04351.
	DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth D.	y Year 2b. HOUR
of ge	(Type or Print) SAMINE ON DEATH MATED 3 -	2 168/25
5 € to 3	S. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF ONDER LYEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Megno 11-29-38 29 YRS. MONTHS DAYS HOURS MIN. Magth - 201	Yeor 88 25
6	o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUBLITIMOTE Md. U.S.A. WIDOWED DIVORCED 1	2010
E E E		b. KIND OF BUSINESS OR
dea ve Po	give Harddress) Cross Hospital during most of working life, even if retired.)	onstruction
olong of the state	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER	1 - D1
n 18 ce o de		
hours Item 1 Offlice 1 and 2 after d	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Samuel Johnson Edna M. Roberts	Lost
hin 24 ncil in niner's pages hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, po or unknown) (If yes give wor or dotes of service) 214-40-6591 Edna M. Anderson-3303 Bloomingda	le Road
d with per line per line per line per line per line 72 in 72	18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical E. t permit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Severe Bilateral Pneumonitis with right	DETITEEN ONSET AND DEATH
be exeminet Me	DUE TO, OR AS A CONSEQUENCE OF	
d: id p	Conditions, if any, which gove rise to immediate couse (o), (b) Pulmonary Abscess due to Intracranial	NUMBER DAY
should be en ward "per or the Chief buriol-transit in any ever	stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF trauma	
te sho the w 1 to th a buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ico dec dec	9369	
te, writifie, forwor for used removal	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cicote, be for the day of th	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	YES NO
# p = 6 1		18.)
INER: e certifications should files. 3 should ation,	CAUSE OF DEATH P.M. 19	County State
= = = = = = = = = = = = = = = = = = = =	WHILE AT WORK AT WORK AT WORK	Coomy Sidie
Tie Per F	220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry	ond in my opinion
Se e cror cror ned bu	deoth resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	9
pleose e l' director retoined DIRECTOR LO BRECTOR DIRECTOR DIRECTO	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
JIV ple erol di be reto prior	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	NED 1020
no DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, cren	NAME (Type) /36/1) EN/ KEND (9, KDORESS STEET CITY DOWNER, OF ADVINTY) INCOME!	12,1768
01 = 20 P	230. BURIAL, CREMATION, REMOVAL (Specify) 3/6/68 23c. NAME OF CEMETERY/OF CREMATORY Burial 23d. LOCATION (City or Town) (Comparison of Comparison of Compari	ounty) (Stote)
4 /	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68	Herbert E. Nutter-3035 W. North Ave. DAMAR 18 1968 yoursele	Vindees -

State to LESSING				
				Www. Sire
		Let selle	1.0 j	
Market		The State	2 v	
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	3 5 1			
		POLES IN		
				THE STATE OF THE S
		7 15 3		
			or design	

FOR STATE DEPT 2, and 3 to

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages land 2 with the State Department of former P.M.3. Poge necessary, pleose execute the certificote, writing the word "pending" in pencil in Item 18. Give Pag the funeral director. Poge 4 should be forwarded to the Chief Medical Exominer's Office along with Heolth prior to buriol, cremation, or removal, and in any event within 72 hours after death.

in pencil in Item 18. Give Pages 1,

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

DEPARTMENT OF HEALTH RESIDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	47 37	MEDICA	L EXAMINE	R'S C	ERTIFICATE	OF DE	HTA			V	435	52
1. DECEASED-NAME (Type ar Print)	First SAR	AH	Middle E .		Lost Johns	ON		20. DATE KNOWN OF ESTI- DEATH MATED	Month 3	Day 18	Yeor 168	26. HOUR
3. SEX FEMALE	4. RACE COLORED	5. DATE OF BIRTH	last	E (In years birthday) 9 YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUNCE Month	D DEAD Day	Yea	19 68 1	2d HOUR
70. BIRTHPLACE (Stot country) MARY LA 10. CITY OR TOWN COUNTY OLNEY	N D F DEATH	give stre	E OF HOSPITAL OR II et address) MONT GO ME	WID NSTITUTION RY G	N (If nat in haspite	ORCED 12a. U	MON ISUAL OCCI I most of v	ITY OF DEATH VT GO MERY UPATION (Kind of w working life, even i 1PLOYED	ark dane fretired.)	12b. KIN INDUSTR	D OF BUSI	Md
13a. USUAL RESIDEN admissian) STATI	MD.	13b. COUNTY	TGOMERY		WO OD	YES N	NO (2) 1	13e. STREET AND NU	N RD.			
14. FATHER'S NAME	First	Middle	rast		15. MOTHER'S MA	AIDEN NAME	First		iddle		Lost	
16g. WAS DECEASED E	JAMES VED IN IL S APMED ED	DCECS 114	MATTHE 6b. SOCIAL SECURITY N		17. INFORMANT		GRAC	E -	ccc		EVAL	NS
(Yes, na, ar unknow		r or dates of service)	DD. SOCIAL SECURITY I	VO.	MEDICA	. Dea	0000	ADDK	133			
Conditions, if rise to immed stating the unlast.	F DEATH (Enter only DEATH WAS CAUSED IMMEDIAT Only, which gave diate cause (a), nderlying couse SIGNIFICANT CONDIT	BY: CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF	no	Elle TO THE TEOMINA	Com	the constitution	ical	The state of the s	ly	WEEN ONSET	ALCOHOLOGICAL PROPERTY OF THE
275	7. /					DISEASE UK	CONDITION	GIVEN IN PART I(0)				
19a. DATE OF (OPERATION	119	% CONDITION FOR N		ERATION				-3	20	AUTOPSY YES	1
	OR CONTRIBUTING TH	HOUR A.M. P.M.	IURY Manth, Day, Yeo 19 home, farm, street, etc.)		21c. HOW INJURY (19.5	c af injury in Part 1 City ar Tawn	ar Part 2, I	(Count	BG1	State
22a. I deoth ro actual signature _ examiner's name (Type)	certify that I teresulted from:				Socicide [],	Homicic HEF MEDICAL SSISTANT MED PUTY MEDICA	de, EXAMINER DICAL EXAM	Undetermined	monner		nd in m	y opinion
23a. BURIAL, CREMA REMOVAL (Spen 24 NUNERAL DIRECT	il Ma	c. 22,19	23c. NAME OF STO		ev, md		D BY REGIS	1000	Hou EGISTRAR'S		In	nate) (

COLT TRACKED SERVICE TENE HOUSE HE PURSUATED AND ALL HARRISTS SERVICE. A Partie County of the County h valendal 1 1ATERS ENGEDATED *4 7 THE PERSON OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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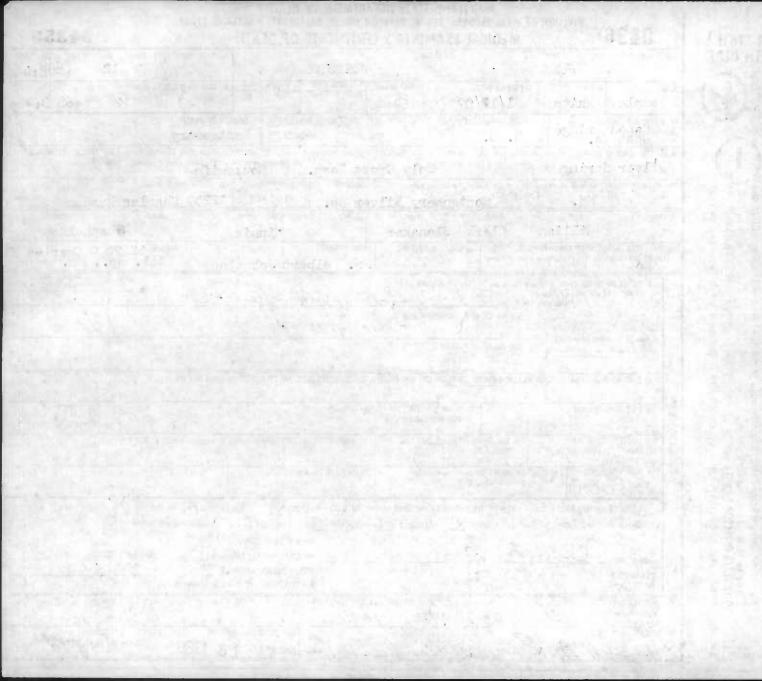
	DECEASED-NAME (Type or print)	First WILLIAM	Middle E DWARD		Last JOHNS		. DATE OF DEAT	H Manth Doy	Yeor 68	26. HOUR		
3. 5	MALE	4. RACE	DLORED		S. DATE OF BIR	TH 1876	6. A	GE (In years t birthgoy) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN		
	BIRTHPLACE (Stote or fore intry) MARYLAND		F WHAT COUNTRY? JSA	WIDOWE		IED	MONTGO			Md		
	CITY OR TOWN OF DEATH BROOKEVILL	Ε .Ε	1. NAME OF HOSPITAL OR INS give street address) 19808 ZION (RD.		during most o	TRED	even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR		
adn	nissian) STATE M.D.	13b. COUN	titutian: Residence before MONTGOMERY		KEVILLE	YES NO W		ZION RD	•			
14.	FATHER'S NAME First	Midd	le Lost JOHN	SON	IS. MOTHER'S MAI	DEN NAME First RACH	HAEL.	Middle		last		
160	o. WAS DECEASED EVER IN Yes, no, ar unknown)	U.S. ARMED FORCES? If yes give war or dates of service	16b. SOCIAL SECURITY N		RS. ZELM	BROOKEVILLE						
	DART & BEATH WILL	CALLECT DW	er line for (o), (b), and (c).) PULMONARY		A - TERM	INAL				MATE INTERVAL IVI C INSET AND OEATH DE N		
	Conditions, if ony, which gave rise to a immediate cause (a), stoting the underlying cause (Due TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									YEARS		
	PART 2. OTHER SIGNIFIC	YEAR	YEARS									
CERTIFICATION	PYELONEF 19a. DATE OF OPERATION		HYPERTENS I ON WHICH OPERATION WAS PER	20a. AUTOP	SY?	20b. IF YES, CAUSES OF E		ONSIDERED IN C	SIDERED IN CERTIFYING			
MEDICAL CER		SE OF DEATH HOUR /	P.M. 19		HOW INJURY OCCU	tem 18.)						
ME	While Not while	D 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town								State		
220. I certify that (1) (this hospital) attended the deceosed from APRIL , 19.64, to MAR. 24, 19.68, tho (1) saw the deceased alive on MARCH 16 19.68, and that in (my) our) opinion death occurred on the date and hour and opening stated above (1) was (did not) view the body after death.												
	22b. SIGNATURE ONO	da.	Tours.		GREE PHYS.	MED.		22c. D	RCH 25,			
			EWIS, M. D.			CLOVER		SILVER S				
1	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-27-		CEMETERY (n	1	d. LOCATION (CI	on Mo	(County)	(State) Md.		
24.	EUNERAL DIRECTOR	0	ADDRESS	il	1	2Sa. REC'D BY RE	GISTRAR	25b. REGISTRAR'S	SIGNATIVE	age.		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, with Page 4 may be retained by the haspital ar attending physician.

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20 VR A15 (4) 30M REV. 1/68

SO THE RESIDENCE OF THE PROPERTY OF THE PROPER API PULICIPAL I Y ASSESSED BY A CONTRACT OF THE PARTY OF THE P Call to the Control of the Control o THE PARTY OF THE P TOTAL SECTION OF CORES (INC.)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04363 CERTIFICATE OF DEATH 04356 DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR pho Dawson (Type or print) Jones 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR The law requires that the death certificate be executed within 24 hours after White Cast birthdoy) HOURS Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country clumbus, please remave carbon popers. I, and in ony event, within 72 h 11.5.A. Montgomery WIDOWED K DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Silver Spring 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 1003 Robin Road Marulano and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost Middle Lost Minnie Lamar Jones Monk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) or removol, 578-48-031 Robin Road signed by the ottending phy buriol-tronsit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: COMA-CEREBRAL D IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF (b) CEREBRAL METASTASIS Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF CARCINO MA - PRIMARY 7 MO stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL RELATE PROPERTY BARE 1/6) S tor use os the t f Health prior to b TO FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO R YES [be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor jo (If either, notify medical examiner) P.M detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1000 at the deceased live an MARCH 38 1963, that (I) (we) last saw the deceased alive an MARCH 38 1963 and that in (my) (aur) apinian death accurred an the date and haur and from the should causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED MED. DIRECTOR r, poge 3 be filed 22e. ADDRESS ROCKY 22d. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

Pairmont Cemetery

VR A15 (4) 30M REV, 1/68

director,

23b. DATE

NAME (Type)

23o. BURIAL, CREMATION

REMOVAL (Specify)

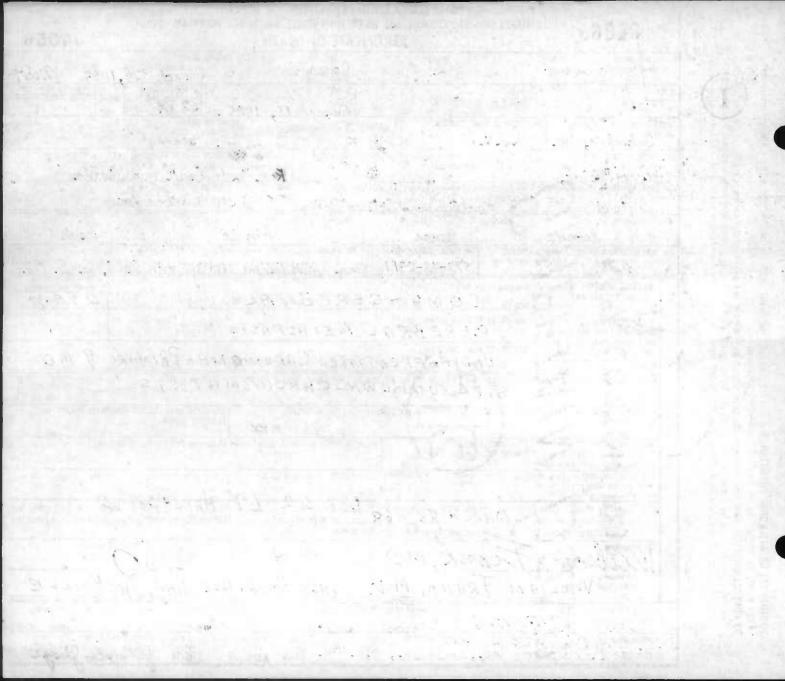
2So. REC'D BY REGISTRAR DATE

23d. LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE

(County)

(Stote)



20. DATE KNOWN Year OF ESTI-ONES IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD HOURS 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR working life, even i retired.) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRANKAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20. AUTOPSY? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part-2, Item 18: 21f. LOCATION Street or R.F.D. No. Count 22a. I certify that I toak charge of the remains described above, held an Autopsy Inspection \ and in my opinion Undetermined manner 22b. DATE SIGNED **EXAMINER'S** 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Home 250. RECID BY REGISTRAR ROCKVILLE . MARYLAND

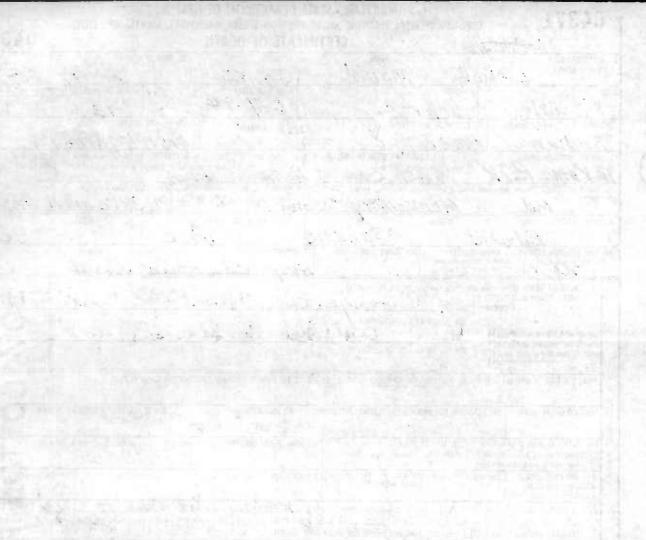
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TO DESCRIPTION OF THE PROPERTY OF THE PARTY 24/20/03 G.7.4. 11 Estate 3-15-27 11 ASSESSMENT OF STREET OF STREET water as a self ball of the state of THE TAX TO SEE THE TA

MARYLAND STATE DEPARTMENT OF HEALTH 04371 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04358 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH Firs1 2b. HOUR (Type or print) ab IF LINDER 1 YEAR IF LINDER 24 HRS S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED T DIVORCED [Lndiana 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12k KIND OF BUSINESS OR during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER event YES X remave any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Gerkin Sanders please pup 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed I PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO V 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 40 (If either, natify medical examiner) P.M detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (1) (this hospital) attended the deceased fram March 1419 68, to men. 17, 1968, that (1) (we) lost saw the deceased alive on 1968, ond that in (my) (aur) apinion deoth occurred on the date and haur and from the be retained should couses stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS directar, po should be f NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68

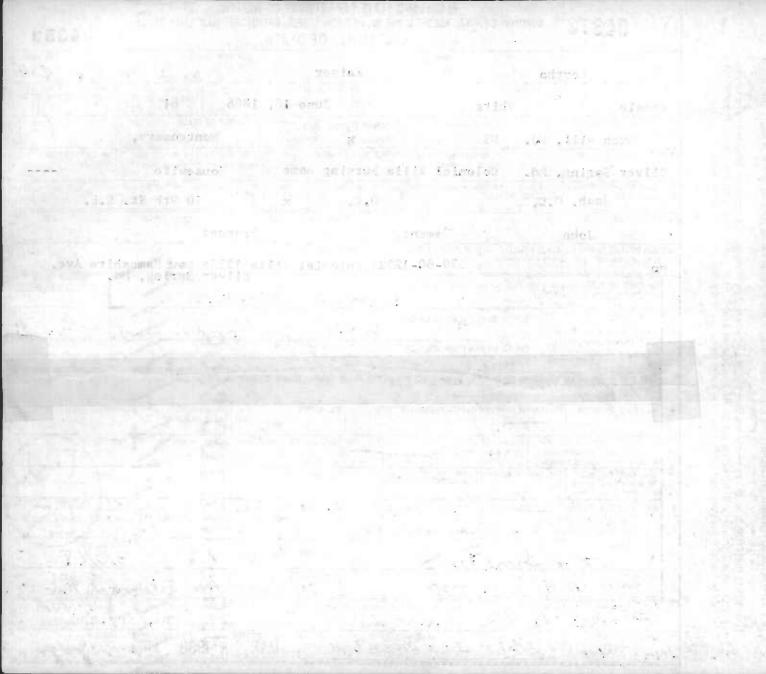


1)	6.强	016		(ERTIF	ICATE OF	DEATH		21201		143	59
		First		Middle		Last		2a. DATE		D V		2b. HOUR
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3. SE.	X		4. RACE						6. AGE (In years			
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		ar fareign 7t	CITIZEN OF WH	IAT COUNTRY?	B. MARRIE	D NEVER MA	ARRIED	9. COUNTY	OF DEATH			-4-
	Oxen		d. US		WIDOWE	D X DIV	ORCED 🗌		Montgomery	,		Mo
			aive c									NESS OR
13a. admi	USUAL RESIDENCE ssian) STATE W	(Where deceased	lived, if instituti 13b. COUNTY	an: Residence befare	1 _			_		t. S.E		
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		FATIL (F-A I.				0020112		Silv	er Spring,	Md	PPROXIMATE I	INTERVAL
(Type or print) 3. SEX Female 7a. BIRTHPLACE (State or foreign country) Oxen Hill, 10. CITY OR TOWN OF DEATH Silver Spring, 13a. USUAL RESIDENCE (Where dece odmission) STATE Wash. D 14. FATHER'S NAME First John 16a. WAS DECEASED EVER IN U.S. A Yes, na, or unknown) 18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAULINAME) Conditions, if any, which gave rise to immediate cause (a stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTRIED (In the part in the individual cause or caus				ne tar (a), (b), and (c).		1 - 1.	4	1. 11	4.	BET	WEEN ONSET /	AND OFATH
Н	170	IMMEDIATE			VID	TTICUIC	N/	6F)/10	NOV.			
	Canditions if any	which gave	DUE TO, OR A	S A CONSEQUENCE OF		01.		C.			E.12	. 11
	rise ta immedia	ite cause (a),((b)	5 4 6000550055055 05		STRO	genie	200	COMa-++0	500	1-1-	力かりで
		erlying cause	DUE TO, OR A	S A CONSEQUENCE OF		(7					
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N.	196	, 9	TIONS CONTRIBU	TING TO DEATH BUT NO	OI KELATED	IU INE TERMIN	IAL DISEASE OR	CONDITION G	HIVEN IN PART I(d)			
TIFICATION	19a. DATE OF OPER	RATIÓN 19b. COI	NDITION FOR WHI	ICH OPERATION WAS PE	RFORMED			/ CAI		S CONSIDERED	IN CERTIF	YING
						HOW INJURY O	CCURRED (Ente	r noture of	injury in Part 1 ar Part	2, Item 1B.)		
OICAL												
MEI	Section Bertha D Kaiser Month Development Section Development Section Development Section Development Development											
	22a. I certify	that (I) (this	e on	3/6	96 8,0	and that in (my) (o or) api	, ta_ inian deat	th accurred an the	19 <u>66</u> , date and t	that (I) naur and	(we) las
		tated abave, (l) (we) (did)	(did not) view the	bady afte	er death.	15.000		70			
	22b. SIGNATURE	KH.	Same.	Tras	DE			MED. DIRECTOR	STAFF	3/7/	168	
		R.H.	Sand	Strom				roll)	Ave Takon	nabent	me	
23a.			11/68					1		, ,		itate)
24.	FUNERAL DIRECTOR	R IAN, INC.	gilar, gr	Y- 317 PA- DV	15,5.E	De 3			1968 REGISTRA			والله الم

VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH First Lost 2b. HOUR death. eeoth puo (Type or print) Month unerol Yeor 4. RACE after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthdov) DAYS HOURS The Page event, within 72 hours law requires that the deoth certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) signed by the ottending physician and campletely filled in burial-transit permit. Then please remove carban papers, WIDOWED [DIVORCED 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH NDUSTRY give street oddress) during most of working life, even if retired.) Housewif 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 🗌 and in ony 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle **First** Lost SARSFIELD EENEI TRICK 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address I (If yes give war or dates of service) Yes, no. or unknown) or removal. HUSBAND. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF N the hospital or attending physician. stoting the underlying couse buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDIT O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2 CAUSES OF DEATH? YES 🗌 NO V 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from be retained by 3 1019 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 101 23o. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) HEATON mo HEAVENCEM REC'D BY REGISTRAR MAR 2 6 19 25b. REGISTRAR'S, SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) = 30M REV, 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

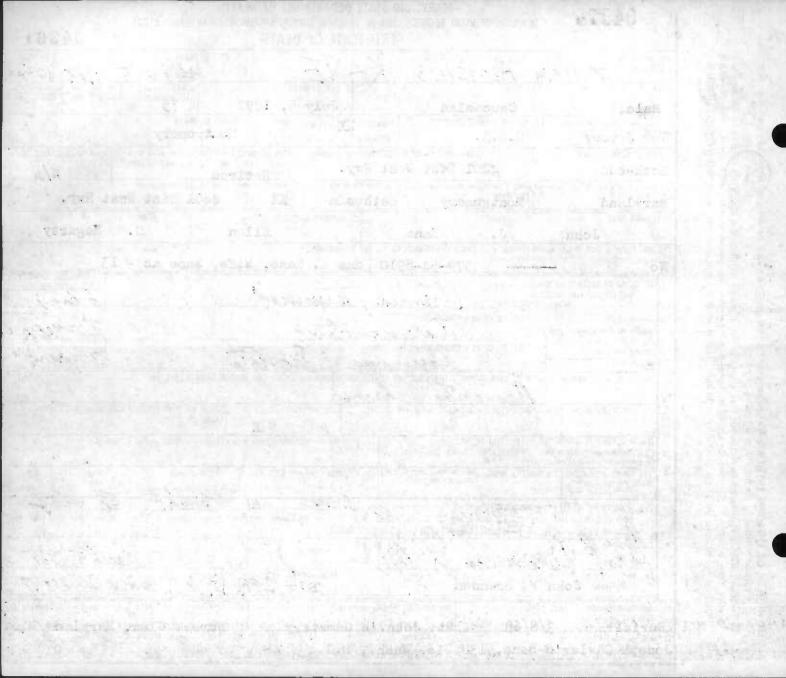
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Por should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any event, within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04361

	70. 1	Malele BIRTHPLACE (Stote or foreign BIRTHPLACE) BIRTHPLACE (Stote or foreign BIRTHPLACE)	7b. CITIZEN OF WH.	AT COUNTRY?	MARRIED K WIDOWED	NEVER MARRIE	100	INTY OF DEATH Ontgomer			
110	В	othesda	4140		st Hwy	•	during most of Retir		f retired.)	12b. KIND OF E INDUSTRY	NZ
15		USUAL RESIDENCE (Where decea ission) STATE aryland	sed lived, if institution		3c CITY OR T Bethes		ESX NO	13e. STREET AND N 4401 Ea		st Hwy.	,
1		ATHER'S NAME First John	Middle J .	Lost K ane		MOTHER'S MAIDI	EN NAME First Ellen		Middle C.	Hegar	t ₃
	16a N	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	579-54-891		ORMANT e A. Ka	ane, Wif		as #	13	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) Aucunoma of Prostate									2/23 3.ye	y see
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO	THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART 1	l(o)		
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2	MEDICAL CERTIFICATION	21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exom 21d. INJURY OCCURRED While Not while of work	NG 21b. TIME OF HOUR A.M. P.M.	CH OPERATION WAS PERF INJURY Month Day Yeor 19 AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21c. HOV	20a. AUTOPSY YES VINJURY OCCUR	NO (Enter natur	e of injury in Port 1	or Part 2, It	em 1B.)	
2		21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exom 21d. INJURY OCCURRED 21e While Not while	NG 21b. TIME OF HOUR A.M. P.M. PLACE OF INJURY (INJURY Month Day Yeor 19 At home, Farm, Street, Facto Office Bulloing, etc. Indeed the deceased	21c. HOV	20a. AUTOPSY YES VINJURY OCCUR ATION Street o	NO (Enter natur	e of injury in Port 1	or Part 2, It	em 1B.)	
2		21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF ORA (If either, notify medical exom 21d. INJURY OCCURRED While Not while at work at work 22o. I certify that (I) (# sow the deceosed of	NG 21b. TIME OF HOUR A.M. P.M. PLACE OF INJURY (INJURY Month Day Yeor 19 At home, Farm, Street, Facto Office Bulloing, etc. Indeed the deceased	21c. HOV	YES VINJURY OCCUR ATION Street of thot in (my) atth.	NO X RED (Enter natur or R.F.D. Na. 196/ Opinion MED. DIRECTO	causes OF DEATH? e of injury in Port 1 City or Town to Mach deoth occurred of	or Part 2, It	em 1B.)	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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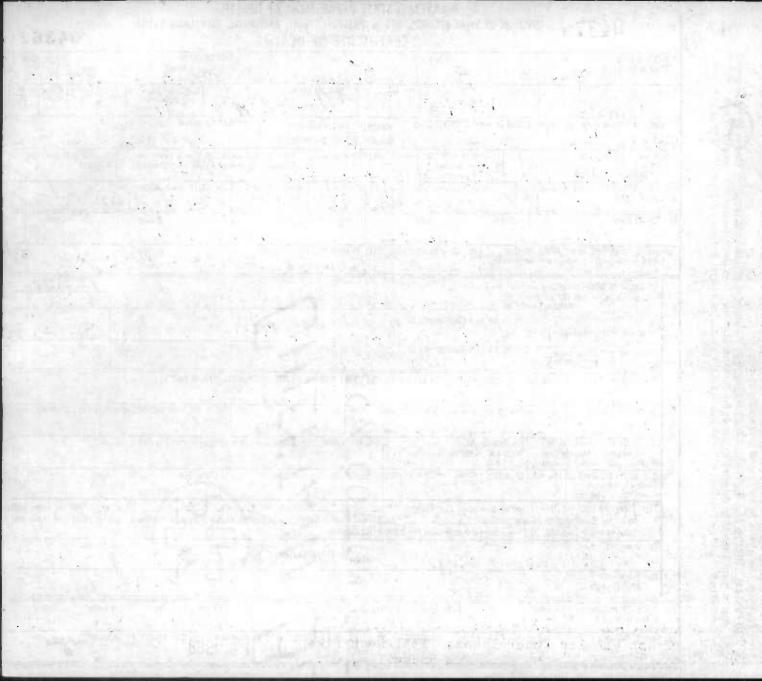
A				CERTIFICATE O	r DEATH				2000
1. DECEASED-		it .	Middle	O/ Lost		2o. DATE OF			2b + PUR
(Type or p	ponnt) Par	11	A.	80000		M	Month.	Day Year /	8 8 P. M
3. SEX		4. RACE	/_//	S. DATE O	BIRTH		6. AGE (in years	IF UNDER 1 YEAR	
1	emale	W	hite	()	Jan. 241	1000	lost birthday)	RS. MONTHS DAY	S HOURS MIN
7a RIRTHPL	ACE (State or foreign	7b. CITIZEN OF WI		18 4400150 1 15555	- /	9. COUNTY OF		кз.	
(colutry)	a P	100	1	8. MARRIED NEVER	WARKIEU		. /		
VOIT	TOWN OF DEATH	11 11	ME OF HOSPITAL OD ING	STITUTION (If not in hospit			Mont 90		OF BUSINESS OR
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13o. USUAL I	RESIDENCE (Where dece			13c./CITY OR TOWN	13d. INSIDE CITY LI		EET AND NUMBER		
odmission)		13b. COUNTY	MONT.	Wash. DC	YES NO	598	of Wyn	n wood h	Pd.
14. FATHER'S	NAME First	Middle	Last	15. MOTHER	MAIDEN NAME F	irst 7	Middle	9	Lost
Made a	TRUM	411	SHULT	12	/	NHA	IOWN		
	ECEASED EVER IN U.S. AI		16b. SOCIAL SECURITY	NO. 17. INFORMANT			Addres	5	DAR P.
Yes, no, o	r unknown) (If yes give	e war or dates of service)		T1+0 m	ASKEE	SEY	736 71	GORK Y	Pa,
18. CA	USE OF DEATH (Enter of	only one cause per li	ne for (a), (b), and (c).	.)				APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
P.	ART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (o)	Casa	intermento	211			6	wish
1	538	. ,	S A CONSEQUENCE OF			A-1- A-1-			
Canditi	ions, if ony, which gave		/)	(Dec state of	1.1.			3	min 17.
	immediate couse (a)		S A CONSEQUENCE OF	avma	(17 01)				10-1/4
	the underlying couse	(4)	o A CONSEQUENCE OF					3150	
/	3 3 0	ONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO THE TERM	ODO 32832IO IAIAI	ONDITION CIVEN	IN DART 1/a)		
LWKI '	2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBO	TINO TO DEATH BUT N	OF KELATED TO THE TERM	/		IN PAKE I(U)		
S 100 DA	TE OF OPERATION 191	L CONDITION FOR WH	ICH OPERATION WAS PE	DEODMED 200 A	UTOPSY?	legia	VEC WEDE EINDIN	GS CONSIDERED IN	CEDTIEVING
19o. DA	A A COLOR	B. CONDITION FOR WIT	ICH OPERATION WAS TE	2 1		CALISES	OF DEATH?	OS CONSIDERED IN	CERTITING
	7 1968	6400 m	m/ (a-1		NO P			10.1	
	CCIDENT WAS UNDERLY ONTRIBUTING TO CAUSE OF DE		Month Doy Yeor		OCCURRED (Enter	r noture of injury	in Part I ar Par	1 2, Item 18.)	
(If eith	er, natify medical exon	niner) P.M.	19	9					
Z [Q, 1]	NJURY OCCURRED 21	e. PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	ctory.) 21f. LOCATION	street or R.F.D. No.	. City	or Town	County	Stote
at work	at work								
22a.	certify that (1) (1	this hospital) atte	ended the decease	ed from + et	3, 195	b, take	varen /3.	19 6 8, the	at (I) (we) last
	aw the deceased	alive on	45/3	19 and that in	(my) (our) opi	nion deoth o	ccurred on the	e date and hau	r ond from the
	causes stated aba	ve, (I) (we) (did)	(did not) view the	body after death.			Υ.		
22b. SI	GNATURE	ara		ATTE	NDING N	NED.	STAFF -	22c. DATE SIGNED	11-
	18. MAIN	we	mol	DEGREE PHYS		IRECTOR L	PHYS.	3/13/	168
	HYSICIAN'S AME (Type)	P. GRUS	IER	22e.	ADDRESS / 13	519	KS70	VW W.	ash De
23a. BURIAI		. DATE	23c. NAME OF	CEMETERY OR CREMATOR	Υ	23d. LOCATIO	N (City or Town)	(County)	(Stote)
REMOV	/AL (Specify)	1	8 57	MARYS		1 1)	RK	YORK	Pa.
24 FUNERA			ADDRECC		2So. REC'D B	Y REGISTRAR	J 25h REGISTR	AR'S SIGNATURE	100
Tysoi	hWheeler	Funeral		Rock Pil	DATMAR	18 196	58	ares for	200

Rockville.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within X2 haur after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

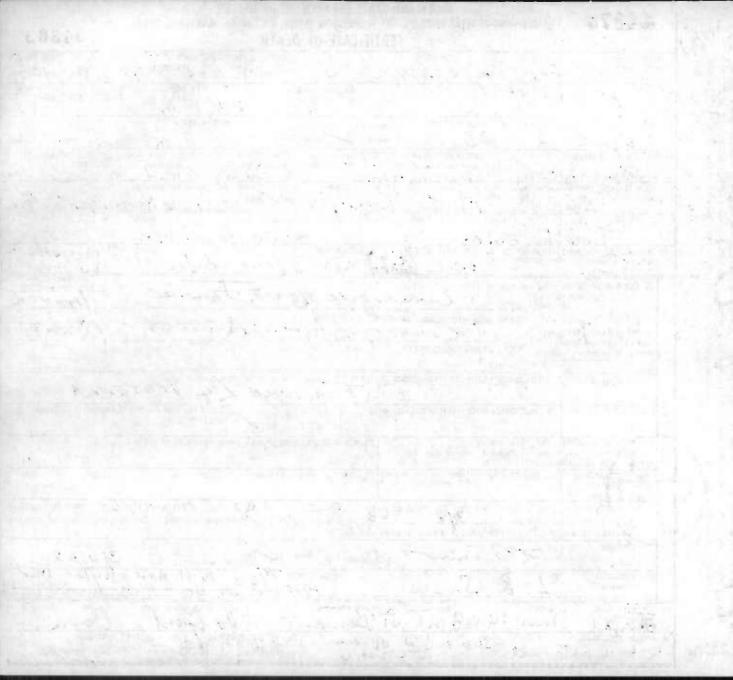
04375

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 04376 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04363 CERTIFICATE OF DEATH 2b. HOUR 2a. DATE OF DEATH DECEASED-NAME death. after death. funeral (Type or print) IF UNOER 1 YEAR IF UNOER 24 HRS. S. DATE OF BIRTH 6. AGE (In years lost birthdoy) DAYS HOURS Pages and in any event, within 72 haurs an requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEAT 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE_(Stote or foreign 8. MARRIED NEVER MARRIED country) physician and campletely filled in the attending physician ways carbon papers) ontgomer WIDOWED DIVORCED [ann. 11. NAME OF HOSPITALOR INSTITUTION (If not in hospital give street oddress) 12a. USUAL OCCUPATION (Kind of work dope 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY Nursing Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 73b. COUNTY 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? IS. MOTHER'S MAIDEN NAME First Middle Lost 14. FATHER'S NAME Burns 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the attending burial-transit permit. PART I. DEATH WAS CAUSED BY (ONGESTIU IMMEDIATE CAUSE (a) Conditions, if any, which gave ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the O HOSPITAL OR ATTENDING PHYSICIAN: The low 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at wark of wark 220. I certify that (I) (this hospital) attended the deceosed fram-OCT 19 6 8 and that in (my) (our) apinion death occurred an the date and hour and from the saw the deceased alive on_ director, page 3 shauld shauld be filed with the causes stated above, (I) (we)(did)(did not) view the bady after death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) vo w MILLONGICE (State) NAME OF CEMETERY OR EXEMATOR 230. BURIAL CREMATION REMOVAL (Specify) REC'D BY REGISTRAR MAR 1 3 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 360 34 VR A15 (4) "Charle

30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled interfactor, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers, should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within (72 m

VR A15 (4) 30M REV. 1/68

0 20				CEKIIII	AIL OF DEATH			,	1003		
1. DECEASED-NAME	First		Middle		Last	2a. DATE O			2b. HOURD		
(Type or print)	Nor	man	Edward		Kelly		March 2	9 1º96	8 9:40 M		
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
Male		Negr	0		9/22/96		last birthday) YRS.	MONTHS DAYS	Hours Min		
70. BIRTHPLACE (State of		7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH				
country) Maryla		U.S.A.		WIDOWED	DIVORCED	1	itgomery		Md		
10. CITY OR TOWN OF E	DEATH		ME OF HOSPITAL OR IN reet address)	STITUTION (If r			N (Kind af wark dane g life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR		
01 ney			Montgome		eral Hosp.	Clergy	man	Relig	ious		
13a. USUAL RESIDENCE admission) STATE	(Where decease	d lived, if institution	n: Residence befare				TREET AND NUMBER				
damissian) STATE	Marylan	d Me	ontgomery	Spe	ncervil YED	NO 🗌	Batson Roa	đ			
14. FATHER'S NAME	First	Middle	Last	1.	5. MOTHER'S MAIDEN NAME	First	Middle		Last		
	lson		Kelly		Selena	14 5 10		Time A			
16a. WAS DECEASED EV Yes, na, or unknown)		D FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT		Address		(A) (A)		
ves	(11) 03 3110 110	0. 00.03 0. 30. 11.09			records, Mon	tgomery	General H				
18. CAUSE OF DE	ATH (Enter anly	ane cause per line	far (a), (b), and (c)	.)					MATE INTERVAL DISET AND DEATH		
PART I. DEAT	H WAS CAUSED	BY: E CAUSE (a)	AL	nel	men	umm		2-	3de.		
433	()	. ,	A CONSEQUENCE OF		V				1		
Conditions, if any	, which gave)		A CONSEQUENCE OF								
	rise to immediate cause (a).										
stating the unde	rlying cause	(c)	Clre	drel	Vascular	acce	last The	messis	7 moul		
PART 2. OTHER SI	GNIFICANT CON	ITIONS CONTRIBUTI	NG TO DEATH/BUT N	OT RELATED T	O THE TERMINAL DISEASE OF	CONDITION GIV	'EN IN PART 1(a)		100		
x 333 X		Hall	serten	sici	20 ,						
19a. DATE OF OPER	ATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDINGS O	CONSIDERED IN C	ERTIFYING		
III C		'			YES NO	CAUSI	ES OF DEATH?				
₹ 21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	21c. H	OW INJURY OCCURRED (Ent	ter nature af inj	jury in Part 1 ar Part 2,	Item 18.)			
OR CONTRIBUTING			Manth Day Year								
(If either, natify a		LACE OF INJURY (AT HOME, FARM, STREET, FA		OCATION Street or R.F.D. N	lo. Cit	y ar Tawn	County	State		
While Nat wh	nile 📉	(OFFICE BUILDING, ETC.	/			,				
at wark at wa		hasnital) attac	nded the deceas	ad from	9-27 10	GP to	7-29 19	le X that	(I) (we) last		
saw the	deceased ali	ve an 2-	27	96X an	d that in (my) (aur) as		accurred on the do	ate and haur	and from the		
causes st	ated abave,	(I) (we) (did) (did nat) view the	bady after	death. Seen	by Co	nsultani	e neur	slagest		
22b. SIGNATURE	DR) . 1	fore	CLEARY C		29-68 220.	DATE SIGNED	0		
Alt	in /	peuro	ev	DEG	REE PHYS.	MED. DIRECTOR	STAFF 3	- 29-	-68		
22d. PHYSICIAN'S		V		11-	22e. ADDRESS						
NAME (Type)	John	n R. Sper	ncer, M.	0.	B	urtonsv	ille, Md.				
23a. BURIAL, CREMATIO	N, 23b. D	ATE_	23c. NAME OF	CEMETERY OR	CREMATORY /	23d LOCAT	TON (City or Town)	(County)	(State)		
REMOVAL-(Specify)	1 4.	-3-68	ROU	16 0	ak Church		ncervil	18. Mon	ta. Ma		
TENNICON DIDECTOR	1	1	4 ADDDESS	155			OCL DECISTRAD'S				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			-	

17	_											
~		ECEASED-NAME First (ype or print)	1. 0	Middle	Kent	20. DATE OF DEATH	Doy Year 2b. HOUR					
	3. SI		len J	quey	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.					
		female	white		7/26/78	lost birthdoy)	MONTHS DAYS HOURS MIN.					
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	NTRY? 8. MAR	RIED NEVER MARRIED	9. COUNTY OF DEATH						
		IN OR TOWN OF BEATH	U.S.A.		WED DIVORCED	Montgomery	Md.					
d			give street od		during me	AL OCCUPATION (Kind of work don ost of working life, even if retired.	.) INDUSTRY					
1		Censington USUAL RESIDENCE (Where decease	ed lived, if institution: Res	idence before 13c (II	Sanitarium Y OR TOWN 13d, INSIDE CITY LI	Retired teach	ier					
7	odm	ission) STATE D	13b. COUNTY	Was	, VEC NO		mbia Rd. N.W.					
}	14.	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME F		Lost					
		Jonathan 1				toria Belt						
		'WAS DECEASED EVER IN U.S. ARA 'es, no, or unknown) (If yes give y	AED FORCES? 16b. SO var or dates of service)	CIAL SECURITY NO.	17. INFORMANT	Address						
					Joseph Stou	cenourgn	APPROXIMATE INTERVAL					
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	o), (b), and (c).)	withing Non.	o Failur	BETWEEN ONSET AND DEATH 30 Rays					
		4/20 IMMEDIATE CAUSE (o) Could Institute I to do Teletite So days										
		Conditions, if ony, which gove	4.1	arter;	as cherotic	Heart Wisea	u Sylav.					
		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
		lost.	(c)		ocherosis 5	Hy per lasto	2 year!					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	TION	7 4 0 0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN										
	CERTIFICATION				YES NO 📆	CAUSES OF DEATH?						
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	Wiley living or historia	h Doy Yeor	1c. HOW INJURY OCCURRED (Enter	r noture of injury in Port 1 or Port	2, Item 18.)					
	MEDICAL	(If either, notify medical exami	ner) P.M.	19								
	~	at work of work			1f. LOCATION Street or R.F.D. No.	the state of the state of	County State					
		22a. I certify that (I) (th	is hospital) attended	the deceased fran	n Acend 11, 196	3, 10 March 29	19 <u>68</u> , that (I) (we) last					
		causes stated abave	e, (I) (we) (did) (did ac	t) view the bady a	, and that in (my) (our) api fter death.	nian death accurred an the	date and haur and fram the					
		22b. SIGNATURE	u A A	1. 1-	DEGREE PHYS	NED. STAFF	CC. DATE SIGNED					
		22d. PHYSICIAN'S	· auaf	ulle	DEGREE PHYS. D	RECTOR PHYS.	3/29/68					
		NAME (Type) NET	1 / Ca.	cepbell	16:	29 Cal, R	d.					
	230.	BURIAL, (REMATION, 23b.		23c. NAME OF CEMETER		23d. LOCATION (City or Town)	(County) (Stote)					
-	24	REMOVAL (Specify)			Church Cem	Sunderland						
	24.	FUNERAL DIRECTOR The	ngton. D.		DATE	1 _ 1968	artes Juage					
		WESU-	TIE UUITA DA	J @	DAIL							

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Land shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs offer deather. Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

Harner

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04366

	1. DECEASED-NAME First (Type or print) Pauline	Middle Isabel Kimmel	Last	2a. DATE OF DEATH Month Do	25. HOUR
	3. SEX 4.	RACE White	S. DATE OF BIRTH 6/2/1891	6. AGE (In years lost birthdoy) 76 YRS.	IF UNDER 1 YEAR JF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
90	country) Wash., DC 10. CITY OR TOWN OF DEATH Wheaton, Md.	USA WI 11. NAME OF HOSPITAL OR INSTITUT give street oddress) University Nurs	IDOWED DIVORCED 120. USUAL during mos	COUNTY OF DEATH Montonery OCCUPATION (Kind of work done to f working life, even if retired.) Tekeeper	M. 12b. KIND OF BUSINESS OR INDUSTRY Own Store
83		Relinoton C N.	. Arlington YES NO[2125 19th S	
3	14. FATHER'S NAME First William Erskine 16a. WAS DECEASED EVER IN U.S. ARMED FC Yes. no. or unknown) (If yes give wer or do		15. MOTHER'S MAIDEN NAME First Annie Freder 17. INFORMANT 12. Dames Lovele	rick 7// Con Address/	last
	conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause		lagical C:	Silvery Spring	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED While Work At wark at wark	21b. TIME OF INJURY HOUR A.M. Month Day Yeor P.M. 19 OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21c. HOW INJURY OCCURRED (Enter n	City or Town	Item 18.) Caunty State
2	causes stated above, (I) 22b, SIGNATURE 22d PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) March		gafter death. DEGREE PHYS. 22e. ADDRESS 1919 Semina TERY OR CREMATORY ACOUNT Cemetery eorgia Ave 25a. RECOBY	STAFF DECTOR DESTAFF PHYS. DECTOR STAFF PHYS. DECTOR STAFF PHYS. DECTOR PHYS. DECTO	Spring, Md. (County) (State) County, Md.

Pumphrey, Inc. Silver Spring, Md.

and the second of the second

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol ar attending physicion. this certificate hos been detached for use os the Stote Dept. of Health prior to be detached While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram.... 2/5 saw the deceased alive an 3/2 director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dement Bonifant. M.D. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spenty) Mt Olivet Gartner 24. FUNERAL DIRECTOR Ernest VR A15 (4) 30M REV, 1/68 Gaithersburg. Md.

, 19 68, ta 3/7 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. Sandy Spring, Md.

2Sh. REGISTRAR'S SIGNATURE

(State)

Md

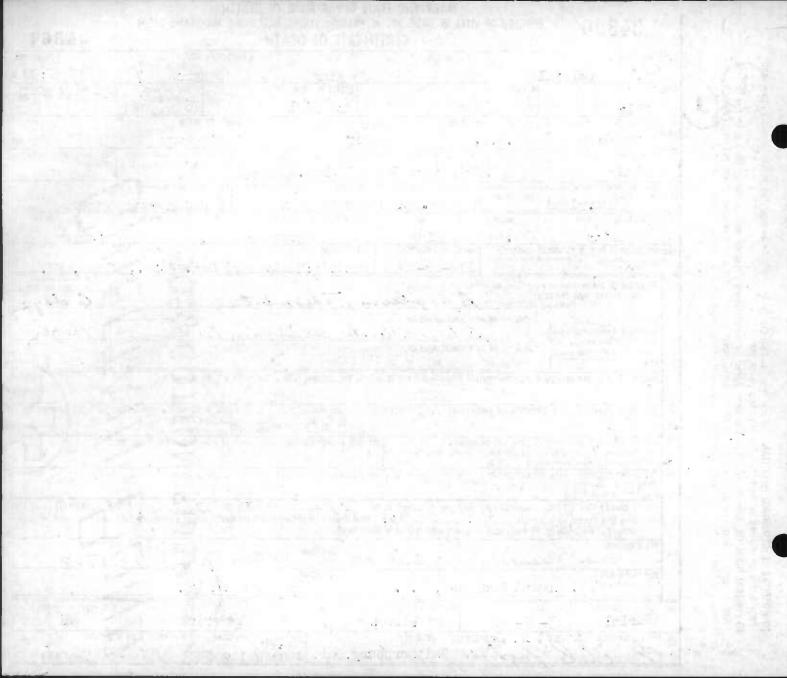
(County)

23d. LOCATION (City or Town)

Frederick

25a. REC'D BY REGISTRAR

DATEMAR



5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with

TO DEPUT

VR A15ME (5) 10M REV. 1/68

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with arm PM3. Page 5 may be retained for your files. the State Deportment

Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

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-	EL	-	83	8	
15	78	V.	10	1.2	

1/20	7 Au	MEDICAL LAAM	HIMPLY 2	CEKIII	ICAIL	OI DE	AIII				
1. DECEASED-NAME (Type or Print)	First			4,55	Last			2a. DATE KNOV OF ESTI		Day Year	2b. HOUR
(Type at Timi)		0.						DEATH MATI		19	68 M
3. SEX		S. DATE OF BIRTH	6. AGE (In years lost birthday)		DER I YEAR	IF UNDER :	24 HRS	2c. DATE PRONO		V	2d. HOUR
Fe		4-12-99						Mogth	Egy	Yeor 196	8 9:34
			8. N	ARRIED X	N	Towns to the second	9. COU	NTY OF DEATH			AM
			-	114 11 12	k 🥦	AREST T		Montg			Md
10. CITY OR TOWN C								CUPATION (Kind f working life, ev	af wark dane 1	2b. KIND OF E	BUSINESS OR
						Kei	cre	d Jales	Clerk -	Cothro	dward 6
130. USUAL RESIDEN	ICE (Where deceose		. /			Id. INSIDE CITY L		13e. STREET AND	NUMBER	- 1 - 1 9	
ddillission) STAT	Md.	Montg	.V Ro	oekvi	ille	YES N	0 🗆	12612	Turkey	Br.	Pkway.
14. FATHER'S NAME	First	Middle	Last	15. MOT	THER'S MAI	DEN NAME	First		Middle		Lost
	Otto					9	da		- 10-2	Between	Hagg
	VER IN U.S. ARMED FO	RCES? 16b. SOCIAL SE	CURITY NO.	13 INFOR	MANT) Kir	ton	12612	DDRESS	er DL	****
110	A RACE S. DATE OF BIRTH G. AGE (In years IF UNDER 1 TEAR MONTHS DAVIS MONTHS DAVIS DAV		mphir	ey	Funera	l Home,	Srs. Bk	Md.			
18. CAUSE O	F DEATH (Enter anily	ane cause per line far (a), (b),	V-10-11-11-11-11-11-11-11-11-11-11-11-11-	0.00	(N. 10.)						MATE INTERVAL NSET AND DEATH
PART I.	DEATH WAS CAUSED IMMEDIAT	BY: E (AUSE (a) Genera	lized	Caro	cino	matos	sis	secon	lary		
180	X			No. Par		The same	701	ALC: U	5-17-15	Chally	
		(b) to Ad	lenocai	rein	oma	of Co	erv	ix.			
		DUE TO, OR AS A CONSEQU	JENCE OF		200		75	THE PARTY		S-0.14	
lost.)	(c)									
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH I	BUT NOT RELATE	D TO THE T	ERMINAL D	ISEASE OR C	ONDITIO	N GIVEN IN PART	1(a)		
= 171	X		-/-							1	
19a. DATE OF	OPERATION			PERATION						20. AUTO	PSY?
SHE L		WAS PERI	FURMED?							YES [NO NO
			Day, Year	21c. HOW	INJURY O	CURRED (En	ter notu	re of injury in Po	art 1 or Port 2, Item	n 18.)	
CAUSE OF DEA			19	3100							
			street,	21f. LOCAT	ION Street	ar R.F.D. Na.		City of Tow	/n	County	State
AT WORK	AT WORK	ory, office boilding, esc.)		-)						
22a. I	certify that Ha	ok charge of the remains d	lescribed abo	ve, held	n Auto	psy ,	Ins	pectian X,	Inquiry X	ond in	my opinion
	. / /		/ / /			1			ned manner	_	
	//	11	//	1. 1	1	EF MEDICAL					
ACTUAL SIGNATURE _	1 X	leller / (1.K	up				MINER	22b. DATE SI	GNED	
				/		UKY MHORA			3-9	-68	
NAME (Type)	Belden	R. Reap, M.	D. /		405	RESERVITE	wes	or county)	heaton,	Md.	1500-10
23a BURIAL, CREMA		ATE 23c. N	AME OF CEMETER	RY OR CREA	MATORY		23d.	LOCATION (City	or Town) (County)	(State)
REMOVAL (Spe	igl. Mar	ch. 12 1968	Parkl	THUN C	ometa	PIL		Rockvi	110 Man	land	- 1
293 EUNERAL DIRE	TOR -	- 21/31/ (ADDRESSen	re. S	5 /	256. REC'E	BY REC	GISTRAR 25	b. REGISTRAR'S SI		4.00
W. Pump	hrev Fu	carter yeorge		-		DATE N	AK	1 4 196	3 years	VILAG YOU	Harris Bar

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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		61		101.4.0				TA	D.CATU			Lai	
	CEASED-NAME ype or print)	First		Middle		Last		2a. DATE OF	Manth.	Day	Year		HOUR
1,	Ipo or printy	Meta			K.	irste	ins		March	74	1968	17:3	00 PM
3. SE	X		4. RACE		9	. DATE OF B	IRTH		6. AGE (In years		F UNDER 1 YEAR	IF UNDER	
1	Female		White			Dec.	16. 180	9/	lost birthday)	YRS. MI	DNTHS DAYS	HDUK5	MIN
	RIRTHPLACE (State or 1	fareign 7b.	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED			COUNTY OF	DEATH			1	
cour		100	Latvia		WIDOWED		RCED	Mont	omery				38.4
10 0	ITY OR TOWN OF DEA			ME OF HOSPITAL OR INS					(Kind of work d	one	12b. KIND OF	BUCINES	Md
	Sethesda		give st	reet address)		i iii nospiioi	during ma	st of working	life, even if retir	ed.)	INDUSTRY	Hom	
		here deceased	ived, if institution	an: Residence befare	13c. CITY OR 1	rown	13d. INSIDE CITY LIM		REET AND NUMBE	R	STILL ST		60%
odm	ssion) STATE	ld.	13b. COUNTY	ontgomery	Garret	t Pk.	YES NO	□ //.	115 Rok	ebu	Avenu	e	
14. [ATHER'S NAME F	irst	Middle	Last	15.	MOTHER'S M	IAIDEN NAME Fir		Midd			Last	
		ter	S.	Jarks			Amal				p.	onis	
14-	WAS DECEASED EVER			16b. SOCIAL SECURITY N	10 117 IN	FORMANT	Timuc	Lg cc	Addre		re	onis	
	es, na or unknawn)	(If yes give war ar					V				, ,	1	
	140			None	17.	r. (10)	rests Ka	usieu	is IIII) Ko	skeby 1	TUE	
				e far (a), (b), and (c).)	1	00		0 1				ONSET AND E	
	PART I. DEATH	WAS CAUSED BY		VIK mes	ndea	1 pr	fare	tra			K	hrs	
FL.	4109	7		S A CONSEQUENCE OF	-		hal	0					
	Canditions, if ony, w	which gove		arte		ester	don	1 Ike	ede		Un	lu	ue.
	rise to immediate		(b)	S A CONSEQUENCE OF	Mar Cu	nou	ACCO					p-p-	
	stating the underly lost.	ing couse	DOL TO, OK A.	S A CONSEQUENCE OF									
Н	_	, , , , , , , , , , , , , , , , , , ,	(()	THO TO DEATH BUT HE	AT DELATED TO	THE TERMINA	AL DISPASE OD CO	MOTION CIVE	N IN DARK 1/-3				
	PART 2. OTHER SIGN	IIFICANI CONDII	IONZ CONTRIBUT	ING TO DEATH BUT NO	JI KELATED TO	THE TERMINA	AL DISEASE OK CO	UNDITION GIVE	N IN PAKT I(0)				
NO	7+01												
CERTIFICATION	190. DATE OF OPERATI	ON 19b. CON	IDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20a. AUT			YES, WERE FINDS OF DEATH?	NGS CON	ISIDERED IN C	ERTIFYIN	G
H						YES [NO 🗆	CAUSES	OF DEATH!				
	21a. ACCIDENT WAS		21b. TIME OF		21c. HO	W INJURY O	CURRED (Enter	noture of inju	ry in Part 1 ar Pa	ort 2, Ite	m 18.)		
MEDICAL	OR CONTRIBUTING (If either, natify med		HOUR A.M. P.M.	Month Doy Yeor									
MED	21d. INJURY OCCUR	OFD 21a PLA		AT HDME, FARM, STREET, FAC		ATION Stre	et or R.F.D. No.	City	ar Tawn		County	1	Stote
	While Nat while		(OFFICE BUILDING, ETC.	7 211. 100	4	- NO.	city					
	at wark at work	. (1) (1) 1	24 15 44	1 1 41 1	11		10	1	C. 119	10.7	D Ab-	/11/ /.	100
	220. I certify th	nat (I) (this t	naspital) afte	nded the decease	d from	that in (n	, 19	ian doath	remon !	, 14 <u>6</u>	, that	(1) (W	ref las
	sow the de	ediahove (1 (wa) (did)	did not) view the l	nody ofter de	enth	iy) (our) opii	iluii deulii i	accorred un ii	ie dure	dila ilabi	una m	ani me
	22b. SIGNATURE	17	1 (110) (90)	granion, view inc.	000, 01101 0	0 0 11111				22c DA	TE SIGNED		
	X	less	24/10	un.	DEGRE	E PHYS.	ING ME	ED. RECTOR	STAFF PHYS.	AA	1	10	40
	22d. PHÝSICIAN'S	7	7-000	18	DEORE	22e. AD		KECTOR -	rn/3. 🗀 j	1100	rch 15,	19	68
	NAME (Type)	George	e Sharp	e				en Ave					
,			-				TOU COP				10 11	/=-	,
23a.	8URIAL, CREMATION, REMOVAL (Specify)	23b. DAT		23c. NAME OF	_		1/12		ON (City or Town)		(Caunty)	(Stote	e)
131	min	o Marc			Creek		-		ington,		- 0		
24.	FUNERAL DIRECTOR	Clark	Wiso	2 84 34 ADDRESS	raia A	ue.	2Sa. RECOPEY	REGISTRARY	688PP REGIST	RAR'S SI	GNATURE	45	
Va	tner E. Pu	umphrey	Inc.	Silver Sp	ring, 1	Md.	DATE				0	8	- 14

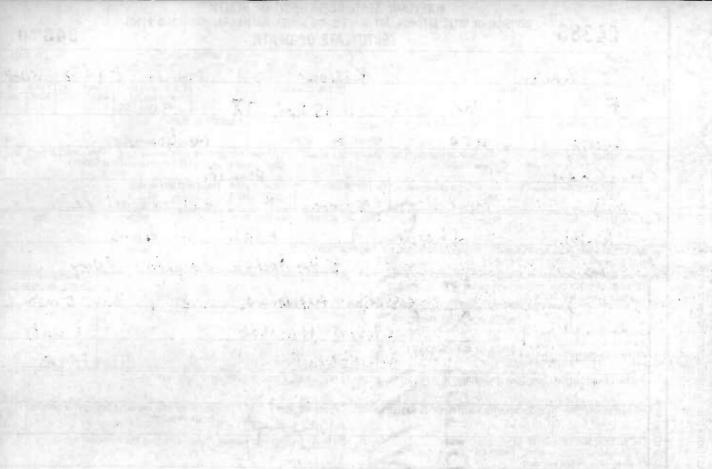
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filleding by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages behalf be should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deat

VR A15 (4) 30M REV. 1/68

THE RESIDENCE OF THE PROPERTY OF STREET, WHITE STREET, WHITE STREET, WHITE STREET, WHITE STREET, WHITE STREET, Since the state of 51 , S ASSESSMENT OF THE PROPERTY OF SOURCE AND THE LOCATION CONTROL AND LOCATION THE E WILLIAM E SHIP South to the Control of the Control A CONTRACT OF THE COMMON CONTRACT OF THE CONTR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04383 34370 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First Month and (Type or print) Year the funeral 2002 IF UNDER 24 HRS. IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) 0 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED A DIVORCED [UJA Mondowek W. J. V. VA 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done event, within 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. INDUSTRY during mast af wasking life, even if retired. give street address) pan Chan Chart 13e. STREET AND NUMBER 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES N. NO remave and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First physician a 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) burial, crematian, ar removal, APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: 5 aust DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause Artelia Teletra PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? use as CAUSES OF DEATH? YES 🗍 NO T State Dept. af Health certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 19 60 , 19 , ta 5 motor, 19 60 , that (I) (we) last saw the deceased give an 5 motor 19 60 , and that in (my) (our) opinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 1100-220 director, shauld be 230 BURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

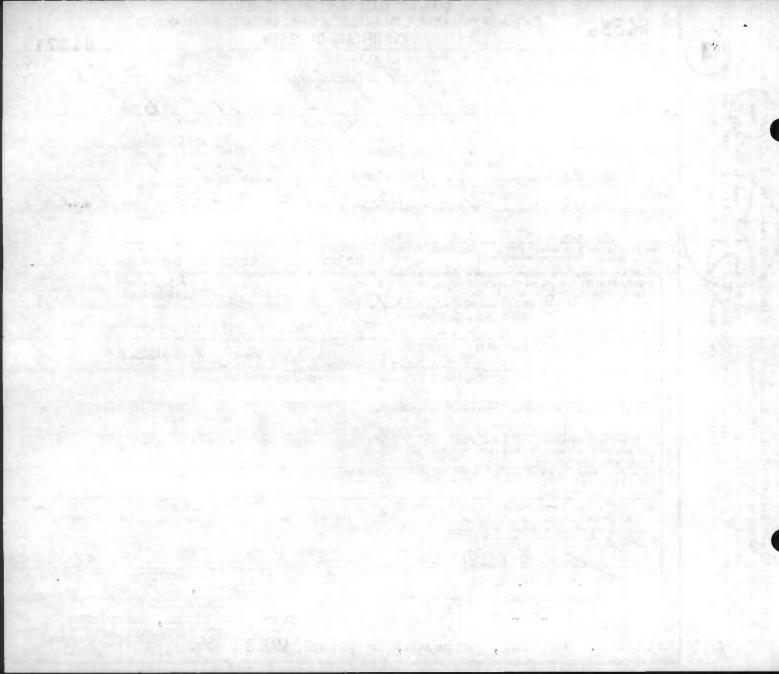
VR A15 (4) 30M REV. 1/68



SO A LOW S. T. LOW THE SECTION OF TH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04384 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH 2b. HOUP (Type or print) IN and 3. SFX S. DATE OF BIR 6. AGE (In years IE ONOER 1 YEAR last birthday MONTHS 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [WIDOWED [law requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION Kind at wark done 12b. KIND OF BUSINESS OR give street address! during mast of working life, even if renred.) INDUSTRY event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY (IMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY YES NO remave in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Unknown Wife 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) Helen Krynitsky Same as Item 13. ar remaval, signed by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Rt. Femeral PART I. DEATH WAS CAUSED BY: Coronary ThromDas IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (h) Cesabizi. Throm bosis Left Hemispher rise ta immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause Pertensive Cardio Vasculas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark O FUNERAL DIRECTOR: After 1922 to saw the deceased alive an march 19 1968, and that in (my) (eur) apinian death accurred an the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE directar, page shauld be filed DIRECTOR 7936 Old Georgetown Rd. 22d. PHYSICIAM 22e. ADDRESS JOHN G. BALL NAME (Type) Bethesda, Maryland directar, 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Cremation 3-22-68 Cedar Hill Crematory Suitland, Maryland 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Pumphrey. Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



DATE

O FUNERAL DIRECTOR: After this certificate director, should b VR A15 (4) 30M REV. 1/68

requires that the deoth certificate be executed within 24 hours after death

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CERTIFICATE OF DEATH

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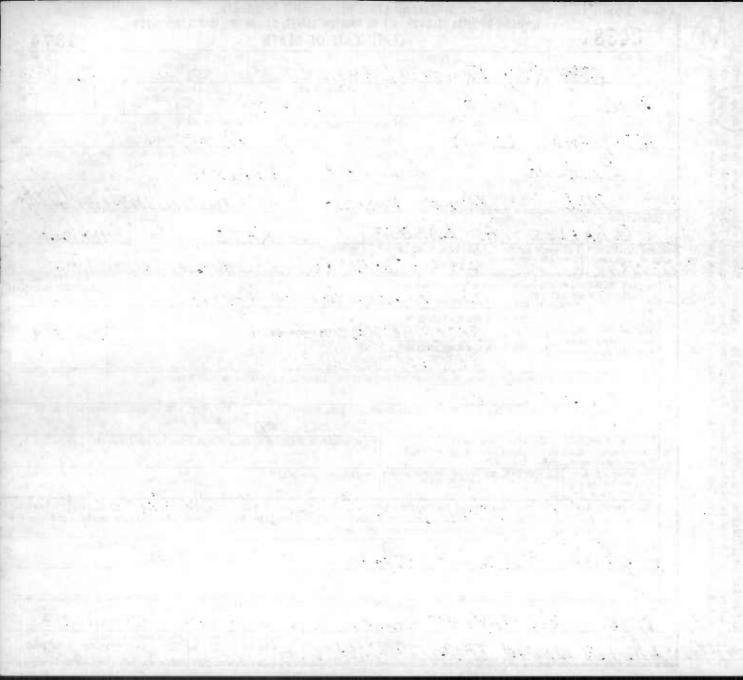
1. PLACE OF DEATH o. COUNTY MONTFOMERY	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNTY	
	GTH OF STAY IN 16	c. CITY OR TOWN (If ou Rocky:	tside corporote limits, write RURAI	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street 12224 Hunters Lane	et address)	d. STREET ADDRESS	Hunters Lane	e. IS RESIDENC ON A FARM YES NO
(be or burn)	Middle Ann	LAHEY	4. DATE Month OF DEATH MARC	
F W WIDOWED	DIVORCED	8. DATE OF BIRTH APR 21, 189	last birthday) 77 yrs.	IF UNDER 1 YEAR IF UNDER 24 Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) HOUSEN	BUSINESS OR	Penna		12. CITIZEN OF WHAT COUNTRY?
Thomas Flood		14. MOTHER'S MAIDEN N	et Kane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL S		NFORMANI Dau	ghter Address k Boylan	ne as Item 2
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b),	ond (c).) Liac Fails	ve		INTERVAL BETWEE ONSET AND DEAT
Conditions, if any, which gave rise to immediate cause (o),	s Infects	en		24 Rou
stating the underlying cause DUE TO (c) Molast	Primary take Gene		established	8' monte
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Costevanthis, hips	& Rnees,	THE TERMINAL DISEASE CON	* * *	19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOM INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
		CE OF INJURY (Hame, farm ary, street, office bldg., etc.)		(Caunty) (Stat
21. 1 certify that (1) (this hospital) attended the saw the deceased alive an NoV /	e deceased fram	MARCH, 1 death accurred at	965, ta MARCH 17 906 A. M., fram cguses gr	, 19 <i>68</i> , that (I) (we and an the date stated al
Frederich & Calduc	Cl M.	PHYS.	MED. DIRECTOR D STAFF PHYS.	MARIZ, 1969
22c. PHYSICIAN'S NAME (Type) FREDERICH S CH	rouser			20852
PEMOVAL (Conciliu)	name of cemetery or thedral		23d. LOCATION (City or Town	
24 FUNERAL DIRECTOR ROBERT' A. PUMPHREY, Bethe	ADDRESS	2Sq. REC'D	BY REGISTRAR 25b REGISTRAR	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician.

VR A15 (4) 25M 1/67

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		-	It	tem 13e Film 399 3-27-68 MARYLAND STATE DEPARTMENT OF HEALTH	
	AA	4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
	TA			CERTIFICATE OF DEATH	04374
death.	and 2			DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) CONTROL OF DEATH And CONTROL OF DEATH DOY	Yeor 2b. HOUR
	or de		3. SE	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I Fund	DER I YEAR IF UNDER 24 HRS.
s offe	1 88			Male White 8/15/89 lost birthdoy) YRS. MONTH	
hau	in by			BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH untry)	
24	filled in papers. thin 72 h		10 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Decupation with days) 120. USUAL OCCUPATION (And of work days)	. KIND OF BUSINESS OR
within	ely fill ban p withi	70		Betherda give street oddress) Subsubon during most of working life, even if retired.) INC	DUSTRY
requires that the death certificate be executed within 24 haurs after a physician.	cian and campletely filled in by ease remave carban papers. and in any event, within 72 hou	15		D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 15c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15c. CITY OR TOWN YES NO TOWN	mulatity
ехе ес	and corrections and	1	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	ARMON
ate t	attending physician controls. Then please an, or remaval, and in		160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address	AKMON
#ific	SOL		Y	Yes, no occupanown) (If yes give war or dates of service) 219-01-1519A MRS. Charles FLICKINGER, TANEXTOWN	V.Md.
h cel	by the attending phy transit permit. Then crematian, or remava			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deat	attendi permit. ian, or r			1/229 IMMEDIATE CAUSE (0) Cardiovas cular Corragse	muney
the	(1)			Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	2.1.
hat	y th ansit			rise to immediate couse (o).	raras
es t	signed by the burial-transit burial, crema			stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF CC) CC) CONSEQUENCE OF CC) CC) CC) CC) CC CC CC	
requir			4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
law	as the priar to		CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
The		2	RTIFIC	YES NO CAUSES OF DEATH?	
CIAN:	tificate had far use of Health		MEDICAL CE		В.)
G PHYSICIAN: the haspital a	fter this certi be detached State Dept. at		MEI	21d. INJURY OCCURRED VAILED VA	nty State
NG +	fter t be de State			220 certify that (1) (this hasnital) attended the deceased from /// 1900 1900 to /// 1900 1900	f, that (1) (we) las
TEND ined	d in		Н	saw the deceased alive on 1965, and thot in (my) (our) opinion deoth occurred on the dote on couses stoted obove, (I) (we) (did) (did not) view the bady ofter death.	d hour ond from the
R AT	DIRECTOR ge 3 shau led with th	7.		22b. SIGNATURE 22c. DATE SI	IGNED
V be r	AL DIR page e filed			22d. PHYSICIAN'S 22e. ADDRESS	
PITA	ERAL Ir, p	1		NAME (Type)	
TO HOSPITAL Page 4 may b	O FUNERAL director, pa should be fi	0	23o.	O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (COL	unty) (Stote)
200	5 jp 42	1		REMOVAL (Specify) MAR. 17, 1968 MT. PLEASANT CEMETERY TANEYTOWN CARRO	
	VR A15	768	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAP 1968 REGISTRAP'S SIGNA MAR 179 1968 REGISTRAP'S SIGNA OUT MAR 179 1968	as yedge
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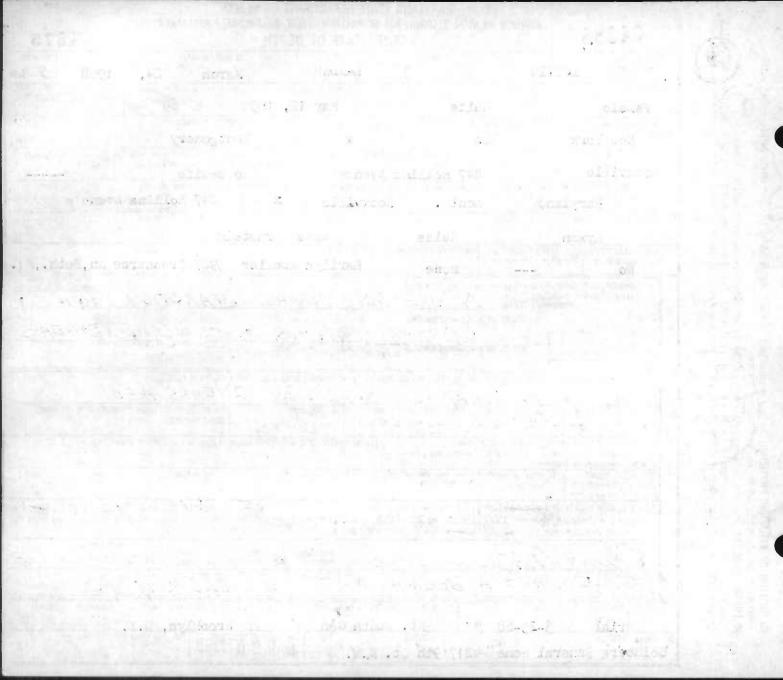
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04388			CERTIF	ICATE OF	DEATH				- 4	375
1. DECEASED-NAME (Type or print) Firs		Middle		LANDAU			oate of de	ATH Manth 24, Da	1968	2b. HOUR 5 A
3. SEX	4. RACE	W. G. V.		S. DATE OF			6.	AGE (In years	MONTHS DAYS	IF UNOER 24 HRS.
Female	W	hite		May	12, 18	398		last birthday) YRS.	MONTHS DATS	HOURS MIM.
a. 8IRTHPLACE (State or foreign	7b. CITIZEN OF W	'HAT COUNTRY?	8. MARRIE	D 🔲 NEVER MA	ARRIED		NTY OF DE			
New York	US	A	WIDOWE	D X DIV	ORCED 🗌	Mor	ntgom	ery		M
O. CITY OR TOWN OF DEATH Rockville		IAME OF HOSPITAL OR IN: street address) 247 Rollin	,			nost_of w		nd af wark dane even if retired.)		F BUSINESS OR
3a. USUAL RESIDENCE (Where dece		tian: Residence befare	13c. CITY		13d. INSIDE CITY		13e. STREE	T AND NUMBER		
dmission) STATE Maryla	nd 13b. COUNTY	Montg.	Rock	ville	YES X N	NO 🗌	247	Rollins	Avenu	е
14. FATHER'S NAME First	Middle	Lost		1S. MOTHER'S	MAIDEN NAME	First		Middle		Last
Hyman		Reiss		Ro	se Burn	stei	in			
16a. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT			1	Address		
Yes, na, ar unknawn) (If yes give	war or dates af service)	none		Marily	n Kwell	.er	5907	Greentre		
1B. CAUSE OF DEATH (Enter of	inly ane cause per !	ine far (a), (b), and (c).	.)							XIMATE INTERVAL ONSET AND QEATH
PART I. DEATH WAS CAUS	ED BY:	ACUTE	m'	YOCAR	DIAL	11	YFAR	CTION	0 -	MINUTE
410.9		AS A CONSEQUENCE OF								1010
Canditians, if any, which gave) "	CORON	ARY	V ART	#RV	ATT	HERD	SCLEROS	15 5t)	YEARS
rise to immediate cause (a) stating the underlying cause	DUIT TO OD	AS A CONSEQUENCE OF	///	71121	/ - /	11 11	, – , , ,			
last. 42 0 (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)										
ACUTE MUDIADDIA, INFADETION ZYEARS AFO									70	
19a. DATE OF OPERATION 19	CONDITION FOR W	HICH OPERATION WAS PE	REORMED	20g. AU	///			S, WERE FINDINGS		CERTIFYING
190. DATE OF OPERATION 191 MARCH 19, 1968	YE MUS	CLE SURG	ERY	YES	NO D	4	CAUSES O	F DEATH?		
21a. ACCIDENT WAS UNDERLY	ING 21b. TIME C	OF INJURY	21ε.				af injury i	n Part 1 ar Part 2,	Item 18.)	
S OR CONTRIBUTING CAUSE OF OR		Manth Day Year			,					
TTTHE ITOT TTHE		(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	(TORY.) 21f.	LOCATION Str	reet ar R.F.D. N	la.	City ar	Tawn	Caunty	State
at wark at wark	Lin 1 - 1 - 1 - 1	anded the deces	- J frans		104	65	to MA	FRCH LY 19	0/061 +h0	+ /1\ /.ww\ la.
220. I certify that (I) (1 saw the deceased	glive an	rended the deceas	ed from_	and that in (my) (ninion d	lenth occ	urred on the d	ate and how	r and from th
couses stated aba	/e, (1) (we) (did)	(did not) view the	bady ofte	er death.)) () o	Jillion d	icom occ	onea on me a	are ona noor	did irdii in
22b. SIGNATURE	couses stated abave, (1) (we) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED									
Edward	1. 150	zman 1	M.D.DE	EGREE PHYS.	OING 🔀	MED. DIRECTOR		HYS. M/	ARCH 2	4, 1968
22d. PHYSICIAN'S NAME (Type)	VARD K	A BEEM	AN,	M.D. 22e. Al	DDRESS &	15V	ERS	100	SIMD.	
23a. BURIAL, CREMATION, 23b	. DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d.	LOCATION	(City ar Tawn)	(Caunty)	(State)
REMOVAL (Specify) Burial	3-25-68	Mt.	Juda	ah Cem		F	Brook	lvn. N.Y		
24. FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D	BY REGIS	TRAPCO	25b. REGISTRAR		Ca !
Goldberg Funer	al Home	4217 9th S	St. N.	.W.	MAK	20	1200	1	00	

death. The fu TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the fud director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02000		CE	RTIFICA	TE OF DEATH				1140	5 / 6		
DECEASE (Type a		First F	Middle	,	Lost	2o. DATE	OF DEATH Month	Day	Year /	2b. HOUR		
	//AI	47	•		ngley		Month.	141	1968	11-6		
ten	nale	4. RACE		S.	9/21/08		6. AGE (In year lost birthdoy)			HOURS MIN		
o. BIRTHE	PLACE (State ar foreign	7b. CITIZEN OF WH	- 0		NEVER MARRIED	9. COUNTY	/					
So.	Carolin	N Y		WIDOWED _	DIVORCED _		Tranter	1		M		
Ber	R TOWN OF DEATH	give	ME OF HOSPITAL OR INSTIT Treet oddress)	UTION (It not in	/ / during m	AL OCCUPATION OF STREET OF	Off (Kind af wark) Ing life, even if reti If E	red.)	2b. KIND OF B NDUSTRY	JUSINESS OR		
dmission)	L RESIDENCE (Where d	leceased lived, if institut	on: Residence before 13	School TO			STREET AND NUMB	eshir.	E 6	Prit		
4. FATHE	RCS NAME First	Middle	Lost	15. M	OTHER'S MAIDEN NAME		Mid	dle	1	Lost		
11.11.5	CACA	v	7 aslu	117 005	TLA	uence	<u> </u>	C	Tim	20		
	DECEASED EVER IN U.S. o, or unknown)		None	17. INFO	isherd a	Ullin	Sangle	ess Sar	me ho	above		
18.		ter only one couse per lin	ne far (a), (b), and (c).)				0/		BETWEEN ON	ISET AND DEATH		
	PART I. DEATH WAS O		8	hours								
	ditians, if any, which o	gave)	S A CONSEQUENCE OF arcinomatos	is of	stomask wal	l wit	h uleerat	ion	MOM	ths		
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
lost. (c) Metastases to primary carcinoma of fight breas										rear		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
190. I	DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFO	DRMED	20a. AUTOPSY? YES NO	CAL	. IF YES, WERE FIND JSES OF DEATH?	INGS CONSID	DERED IN CEI	RTIFYING		
₹ D0	ACCIDENT WAS UNDER CONTRIBUTING CAUSE (ither, notify medical e	OF DEATH HOUR A.M.	INJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (Ente	er nature af i	injury in Port 1 or P	art 2, item	18.)			
21d. Whi	INJURY OCCURRED	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCA	TION Street ar R.F.D. No). (City or Town	Co	ounty	State		
22a	saw the deceas	ed alive an Ma	ended the deceased r. 14, 199 (did nat) view the ba	bb, and t	hat in (my) (aur) ap	67_, ta_ inian deat	Mar. 14 h occurred on t	., 19 <u>68</u> he date o	, that and hour a	(I) (we) la and fram th		
22b.	SIGNATURE	2/Ptu	ever	A DIGREE	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.	22c. DATE	SIGNED 6	38		
22d.	PHYSICIAN'S NAME (Type)	OBERT G.	BREWER		22e. ADDRESS	0106	icorgeto	nue	RdB	ether		
	IAL, CREMATION, QVAL(Specify)	23b. DATE 3-18-68	23c. NAME OF CER		EMATORY Cemetery		ATION (City or Town	,	county)	Istali.		
24. PONE	RAL DIRECTOR	20	ADDRESS .	+		BY REGISTRA		TRAR'S SIGN	VATURE			

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the functor, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

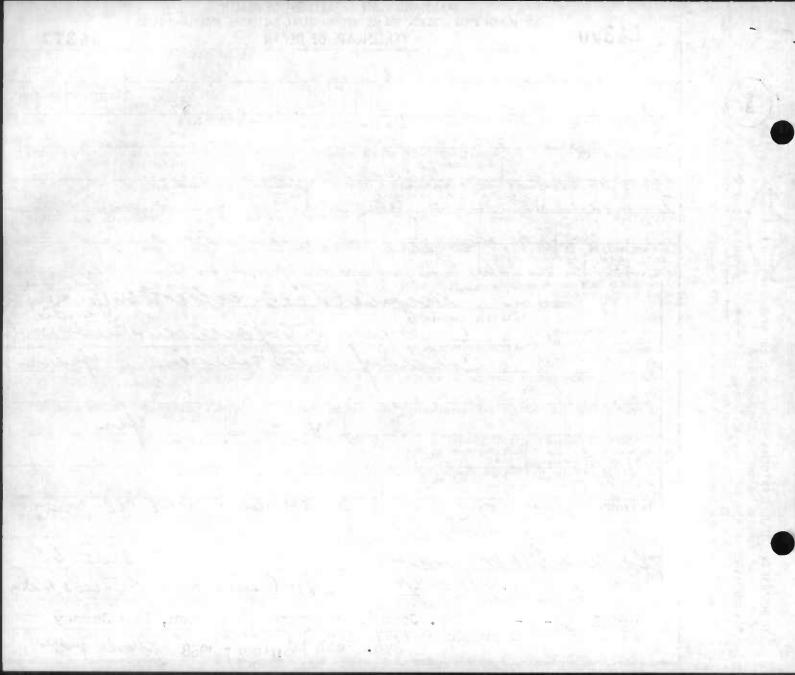
Poge 4 may be retained by the hospital or attending physician.

38.9

uther the transfer of the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14377 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR First deoth pup (Type or print) Month Day the fuperol 3 IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years last hirthdoy) HOURS MONTHS DAYS YRS hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED papers. physician and completely filled in WIDOWED X DIVORCED [within 72 low requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) INDUSTRY remove corbon Jurse event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO ond in any 14. FATHER'S MAM Middle MOTHER'S MAIDEN NAME First please 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown 1 (If yes give war or dates of service) en 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o cremotion, Conditions, if any, which gove buriol-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse buriol. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to os the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 7 NO [use Health 1 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Por OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, notify medical examiner) P.M detoched 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC. While Not while at work at work L Stote ATTENDING 220. I certify that (1) (this hospital) attended the deceased from... 24, 1968, 10. .19 (d., and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive an plnods be retained causes stated obave, (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATION 22c. DATE SIGNED TTENDING director, poge 3 should be filed v DIRECTOR PHYSICIAN'S 22e. ADDRESS R. MONTGOMERY NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) St. Joesph Cemetery 3-29-68 Newton, New Jersey Pumphres0557 REC'D BY REGISTRAR WISC 2Sb. REGISTRAR'S SIGNATURA

VR A15 (4) 30M REV. 1/68



MANUEL OF HEALT

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, write BURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRE . IS RESIDENCE ON A FARM YES NO 3. NAME OF Day Middle Year Month DECEASED OF (Typa or print) 19 5. SEX CE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 FEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months DIVORCED 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if ratired) 0058 121 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (Ifvesoivawer or detesof service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immadiata cause DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATIO PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Steta) Month, Dey, Yeer lactory, streat, offica bldg., etc.) Not While Hour a.m. at work at work 21. | certify that (I) (this hospital), attended the deceased from...... DM, from the causes and on the date stated above. 19.0.4., and that death occurred at saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 23a. SURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Louisville Kentucky 13,68 Cemetery Cave Burila 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

7557 Wisconsin Ave

Bethesda. Md

Pumphrev

VR A1S (4) 1SM 7-62

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er danse aver Boeff Jim de Britan

24 haurs after death,

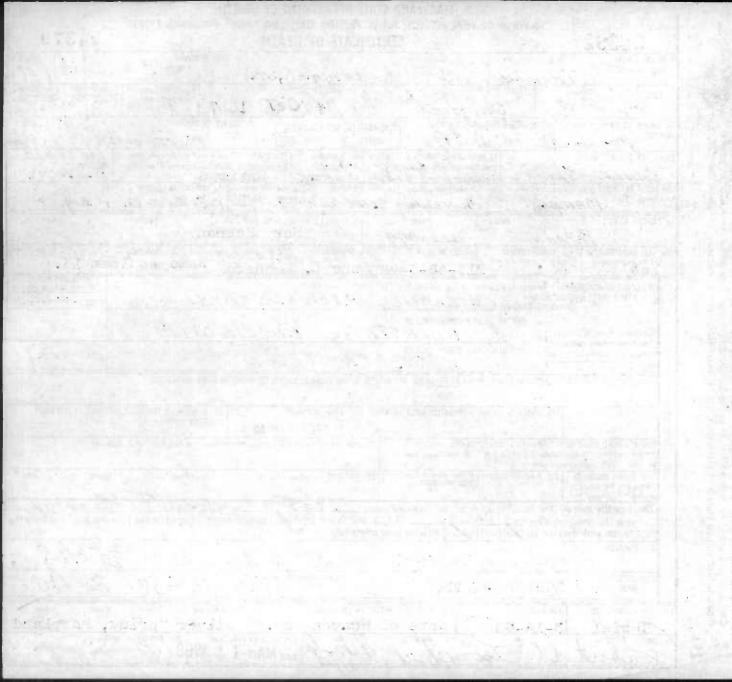
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample(ely <u>filled</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cardan page shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0433%			CI	KIIIIKAI	E OF DEATH			7 7 0 1 0
1.		CEASED-NAME	First		Middle		Last	2a. DATE O	F DEATH 3 Doy	10 Year 68 26. HOL
	(1)	/pe or print)	THO.	mas		LEO	NARD, S:	r.	Molilli J boy	10 100100 /2
3	3. SE)			4. RACE			ATE OF BIRTH		6. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 I
		MALE			CASIAN		24 Oct		80 YRS.	
	o. B caunt	IRTHPLACE (Stote or fo		7b. CITIZEN OF WH	15 A	MARRIED N	EVER MARRIED DIVORCED	9. COUNTY O	MONTGON	NERY
0		TY OR TOWN OF DEAT	Spei	give s	AME OF HOSPITAL OR INSTI	Y CHAS	nospitol 12a. US during	most of working	N (Kind of wark dane g life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY GOVT
	3o. l	ISLIAL DESIDENCE (Wh.	ere deceoses	lived, if instituti	ONTEOMERY	3c. CITY OR TOW	N 13d. INSIDE CIT	Y LIMITS? 13e. S	TREET AND NUMBER 80 EAST- WE	EST NWY
1	14. F/	ATHER'S NAME Fi		Middle	LEONAR	1.0.	THER'S MAIDEN NAME Mary	First Keena	Middle n	Last
		WAS DECEASED EVER I	U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY NO 13-48-349		MANT Wife L. Leo		Same as I	
		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED		ne for (a), (b), ond (c).) HEPATIC	DEC	COMPEN	51770	N	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G WELLY
		1538 Conditions, if ony, wh	ich gave)		AS A CONSEQUENCE OF NETHS	TATI	CLAR	CINO	MA	
		rise to immediate co stating the underlying		DUE TO, OR A	S A CONSEQUENCE OF					one Year
		last.	,	(c)	HUENO	-CA	Colo	10 -		1000
	Z	_	ICANT COND	(c) ITIONS CONTRIBU	TING TO DEATH BUT NOT				EN IN PART 1(a)	1000
2	TIFICATION	_				RELATED TO THE		R CONDITION GIV		ONSIDERED IN CERTIFYING
2	CERTIFICATI	PART 2. OTHER SIGNII 15 3 7 190. DATE OF OPERATIO 210. ACCIDENT WAS 1 OR CONTRIBUTING C	N 19b. CO	21b. TIME OF HOUR A.M.	TING TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE O	RCONDITION GIV	IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
2	MEDICAL CERTIFICATI	PART 2. OTHER SIGNII /5 3 8 190. DATE OF OPERATIO 210. ACCIDENT WAS 1 OR CONTRIBUTING CITY (If either, notify media) 21d. INJURY OCCURRE While Not while of wark and wark	N 19b. CO JNDERLYING AUSE OF DEATH cal examine D 21e. P	21b. TIME OF HOUR A.M. P.M.	TING TO DEATH BUT NOT ICH OPERATION WAS PERF FINJURY Manth Day Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RELATED TO THE ORMED 2 21c. HOW IN RY.) 21f. LOCATIO	TERMINAL DISEASE O	20b. CAUSI After nature of injune.	IF YES, WERE FINDINGS OF DEATH? ury in Part 1 or Part 2, y ar Tawn	ONSIDERED IN CERTIFYING Item 18.) County Stat
2	MEDICAL CERTIFICATI	PART 2. OTHER SIGNII /5 3 8 190. DATE OF OPERATIO 210. ACCIDENT WAS 1 OR CONTRIBUTING CITY (If either, notify media) 21d. INJURY OCCURRE While Not while of wark and wark	N 19b. CO JNDERLYING AUSE OF DEATH cal examine D 21e. P	21b. TIME OF HOUR A.M. P.M.	TING TO DEATH BUT NOT ICH OPERATION WAS PERF FINJURY Manth Day Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RELATED TO THE ORMED 2 21c. HOW IN RY.) 21f. LOCATIO	TERMINAL DISEASE O	20b. CAUSI After nature of injune.	IF YES, WERE FINDINGS OF DEATH? ury in Part 1 or Part 2, y ar Tawn	ONSIDERED IN CERTIFYING Item 18.) County Stat
2	MEDICAL CERTIFICAT	PART 2. OTHER SIGNII /5 3 8 190. DATE OF OPERATIO 210. ACCIDENT WAS 1 OR CONTRIBUTING CITY (If either, notify media) 21d. INJURY OCCURRE While Not while of wark and wark	N 19b. CO JNDERLYING AUSE OF DEATH cal examine D 21e. P	21b. TIME OF HOUR A.M. P.M.	TING TO DEATH BUT NOT ICH OPERATION WAS PERF FINJURY Manth Day Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RELATED TO THE ORMED 2 21c. HOW IN RY.) 21f. LOCATIO	TERMINAL DISEASE O	20b. CAUSI After nature of injune.	IF YES, WERE FINDINGS OF DEATH? ury in Part 1 or Part 2, y ar Tawn ?ax 10 4, 19 occurred on the do	ONSIDERED IN CERTIFYING Item 18.)
2	MEDICAL CERTIFICAT	PART 2. OTHER SIGNII /5 3 190. DATE OF OPERATIO 210. ACCIDENT WAS 1 OR CONTRIBUTING CURRE While Nat while at wark 22a. I certify the saw the dec couses state	N 19b. Co JINDERLYING Auss of beath cal examine D 21e. P It (1) (this eased ali d obove,	21b. TIME OF HOUR A.M. P.M. LACE OF INJURY (I) (we) (did)	TING TO DEATH BUT NOT ICH OPERATION WAS PERF F INJURY Month Day Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. ended the deceased (did not) view the bo	21c. HOW IN 21c. LOCATIO	TERMINAL DISEASE OF THE PROPERTY OF THE PROPER	20b. (AUS) Atter nature of inj No. Cit ppinian death	IF YES, WERE FINDINGS OF DEATH? ury in Part 1 or Part 2, y ar Tawn ?av 10 4, 19 occurred on the do	County State and haur ond from
2	MEDICAL CERTIFICATI	PART 2. OTHER SIGNII /5 3 190. DATE OF OPERATIO 210. ACCIDENT WAS OR CONTRIBUTING CITY (It either, notify medi 21d. INJURY OCCURRE While at wark 22d. I certify the saw the dec couses state 22b. SIGNATURE	N 19b. CO JINDERLYING AUSE OF DEATH Acd examine D 21e. P It (1) (this eased alid obove, ROE 23b. D.	21b. TIME OF HOUR A.M. P.M. LACE OF INJURY (1) (we) (did)	TING TO DEATH BUT NOT ICH OPERATION WAS PERF FINJURY Manth Day Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. ended the deceased 19 (did not) view the bo	RELATED TO THE ORMED 21c. HOW IN RY.) 21f. LOCATIO from S, and the ody after deat DEGREE METERY OR CREA	TERMINAL DISEASE OF CO. AUTOPSY? YES NO STREET OF R.F.D. ON Street or R.F.D. On in (my) (or) of the control	20b. CAUSI LOCATION GIV 20b. CAUSI 20b.	IF YES, WERE FINDINGS OF DEATH? ury in Part 1 or Part 2, y ar Tawn accurred on the do STAFF PHYS. ION (City of Town)	County State and haur and from



VR A15ME (5) 1

TE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within_24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely without by the funerel directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Poges of any shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 2 haurs after deat

04394

1. DECEASED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

Middle

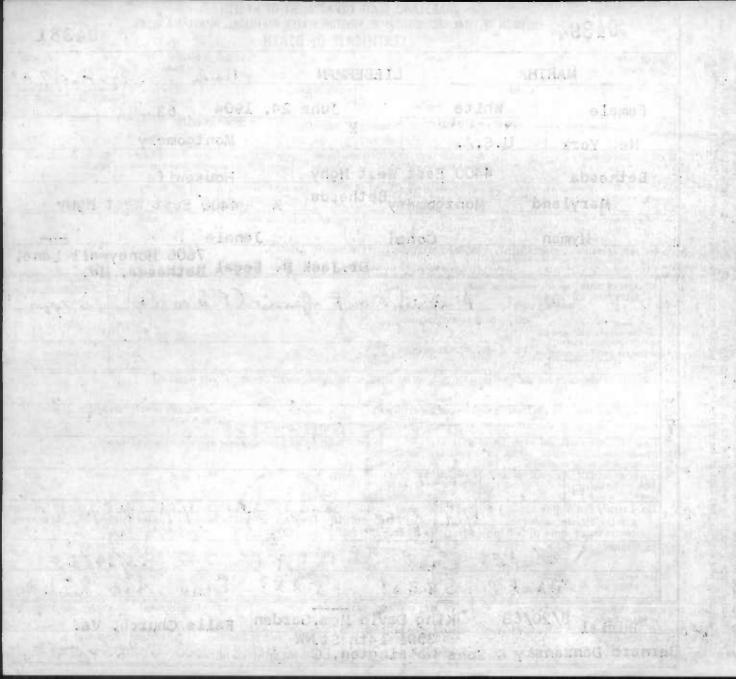
2o. DATE OF DEATH

04381

2b. HOUR

(Type or pri	nt) MAF	RTHA	LII	EBERMAN		Money	Month Do	Yeor /9 /468	7 AM			
3. SEX		4. RACE		S. DATE OF B	IRTH		6. AGE (In years lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS.			
Fer	male	Whit	e	Jun	e 24, 1	.904	63 YRS.	MONINS DATS	HOURS MIN			
country)	E (Stote or foreign ew York	7b. CITIZEN OF WHAT	WID		RCED		gomery		Md			
	thesda	sed lived, if institution:		st Hghy	during most	of working li	Kind of work done fe, even if retired.) EWIFE ET AND NUMBER	12b. KIND OF B INDUSTRY	JUSINESS OR			
	Maryla		ntgomery	Bethesda	YES NO		East We	est Hgw	у			
14. FATHER'S N	IAME First	Middle	Lost	15. MOTHER'S M	AIDEN NAME First		Middle		Lost			
	Hyma	n	Cohen		Je	ennie						
16o. WAS DECI Yes, no, or u	EASED EVER IN U.S. AR unknown) (If yes give	MED FORCES? war or dates of service)	o. SOCIAL SECURITY NO.	Dr.Jacl	k P. Se	gal B	606 Affin	MA	Lane,			
PAR 5 Condition rise to in	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nise to immediate cause (o). Stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF											
5	25 V						P Dedi					
190. DATE	OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PERFORM	ION WAS PERFORMED 20a. AUTOPSY? YES NO			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
₫ □ OR CON												
Z I G. INJ	URY OCCURRED 21e	PLACE OF INJURY (AT OFF	HOME, FARM, STREET, FACTORY,) ICE BUILDING, ETC.	21f. LOCATION Stre			r Town	County	Stote			
sa	220. I certify that (I) (this hospital) attended the deceosed fram											
22b. SIGN	4	Zerelf.	Lynl	DEGREE PHYS.	DIRE	ector \Box	STAFF PHYS. 22c.	DATE SIGNED	8			
22d. PHYSICIAN'S NAME (Type) Jack P. Segal 22e. ADDRESS 5323 Coun. Ave walle												
230. BURIAL, O REMOVAL	REMATION, 23b (Specify) 3/	DATE 20/68	23c. NAME OF CEMETE	vid Mem.	Garden	Fall	(City or Town)		(Stote)			
24. FUNERAL Bernas		nsky & So	3501 l ns Washin	4th St.		REGISTRAR 2 1 19	25b. REGISTRAR		eges !			

VR A15 (4) 30M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04389

. 13	- 400				CLIVIIIICA	IL OI DEATH					- 2	0)	-
	ECEASED-NAME	First		Middle	4	Lost	2o. D	ATE OF DEATH		0.113		2b. H	IOUR
(1	ype or print)	ERNES	1	E	LIN	IdEherry	/	Month	e 3		eor	5	X AM
3. SE	X	7.02	4. RACE			DATE OF BIRTH		6. AGE (In		IF UNDER		IF UNDER	24 HRS.
0	nale		white			0/16/99		lost birth	doy) YRS.	MONTHS	DAYS	HOURS	MIN
7o. l	BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WHA	AT COUNTRY?	B. MARRIED DE	NEVER MARRIED	9. COUN	ITY OF DEATH	17.0.		1		
coul	ntry) Section	die	//	5A	WIDOWED	DIVORCED	m	antcome	00.1				Md.
10.4	CITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR IN				ATION (Kind of w		12b. 1	(IND OF E	SUSTNESS	
B	ethesa	la		burbin	Hospi			orking life, even if			STRY		
130.	USUAL RESIDENCE	(Where deceased	lived, if institution	n: Residence before	13c. CITY OR TO	<u></u>	_	13e. STREET AND NO	9 .	1	, ,		
	ission) STATE	d.	1770012	emery	- NIVER	pring YES .	NO	7920 U	louds	foci	c A	OF.	
14.	FATHER'S NAME	First	Middle	Lost	15. A	NOTHER MAIDEN NAME	E First		Middle		7	Lost	
		Spen	Giter	Lindelle	29	Thilda				0	UZD	162	
	WAS DECEASED EV		D FORCES? or dates of service)	16b. SOCIAL SECURITY	732 M	ORMANT Elna	Linde		Address	as	134	2.)	
-				for (o), (b), and (c)	1.)			8			APPROXIM	ATE INTERV	
	PART 1. DEA	TH WAS CAUSED	BY:	1/1/	2111	//					71	100	1
	1736	IMMEDIAL	E CAUSE (o)	A CONSEQUENCE OF	11	0			-		- Late		1
	Conditions, if ony, which gove) (b) Metastotic brain corring and 3 weeks												
rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF													
	lost. (1) lift chest squampus carrenous a rigo												
	PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUTI	MG TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE C	ORCONDITIO	N GIVEN IN PART 1	(0)				
	1915				V								
CERTIFICATION	190. DATE OF OPER	RATION 19b. CC	ONDITION FOR WHIC	TH OPERATION WAS PI	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE	FINDINGS C	ONSIDER	ED IN CE	RTIFYING	;
IFIC	· broke	5.67 6	Atilion	Treris	men	YES NO	7	CAUSES OF DEATH?					
CERT	210. ACCIDENT W	1 1	21b. TIME OF	INJURY	21c. HOW	INJURY OCCURRED (E		of injury in Port 1	or Port 2.	Item 18.			200
MEDICAL	OR CONTRIBUTING		HOUR A.M.	Month Doy Year									
MED	(If either, notify 21d, INJURY OCC		LACE OF INILIRY /	AT HOME, FARM, STREET, FA	ACTORY. 1 21f. LOCA	TION Street or R.F.D.	No.	City or Town		Count	У	St	tote
	While Not w	hile	(OFFICE BUILDING, ETC.									
			haspital) atte	nded the deceas	ed from	-/	167,1	0 3-3-	19	68	, that	(I) (we	e) last
	saw the	deceased aliv	ve an	3-2	19 6X, and 1	hat in (my) (our) o	apinian d	eath accurred a	n the do	ate and	haur c	ind fra	m the
		tated abave,	(I) (we) (did) (did nat) view the	bady after de	ath.							
	22b. SIGNATURE	hil	1	0.00	MD	ATTENDING 77	MED.	STAFF I	22c.	DATE SIG	NED	10	
	9	Mu	Cro	even	DECREE	11113.	DIRECTOR	PHYS.		5-1	5-6	8	
,	22d. PHYSICIAN'S NAME Frype	JohNC	DeRoc	BEN	MD	22e. ADDRESS 10400 Co	NNE	TICUTA	PUF 1	KE	115	ING	10
230	BURIAL, CREMATIC				CEMETERY OR CR		23d.	LOCATION (City or T	own)	(Coun	ty)	(State)	41
	BENOVAL (Specify	1,700	1ch 6.176			imiting	1	ockvel	u.	410	1	na	
24	FUNERAL DIRECTOR	111-1	6 6	ADDRESS	,		D BY REGIST		EGISTRAR'S	SIGNATU	JKE		
X	within No	very , at	ima tunua	(Nome one	254 Car	VALLE DATE MA	भाग ह	1968	Jula	reg	Jaco	1000	2.
						2000		10			U	<i>y</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04396 34383 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) Month 24 hours ofter 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS I lled in by 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED popers. within 72 WIDOWED [DIVORCED [120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEAT 12b KIND OF BUSINESS OR during most of working life, even if retired.) HOUSTRY CHOTOGRAPHER carbon WIT physician and completely event. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? requires that the death certificate be executed YES X please remove ond in any 15. MOTHER'S MAIDEN NAME Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Address Yes, na. ar.unknown) (If yes give war or dates of service) or removal, IST- WIFE-SAMEA DE CORAFFEURIED 18. CRUSE OF DEATH (Enter only one puse per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y permit. 3 MONTH IMMEDIATE (AUSE (o) Squamous cell carcinoma upper lobe, left lune cremation, DUE TO, OR AS A CONSEQUENCE OF with liver metastases. Conditions, if any, which gave ; buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the Beniga prostatie hypertrophy hos been Hypostatic bronchopmeumonia. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING BRONCHIAL CARCINOMA CAUSES OF DEATH? YES 🚾 O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY for be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, natify medical examiner) P.M. be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while at wark 22a. I certify that (I) (this hospital) ottended the deceosed from 1968, and that in (my) (con) opinion death occurred on the date and hour and from the should 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 should be filed DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) (FEURGETOW 8512 NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION

JOS, GAWLER'S SONS, S130 WIS. AVE, NW, WASH.

REMATORY

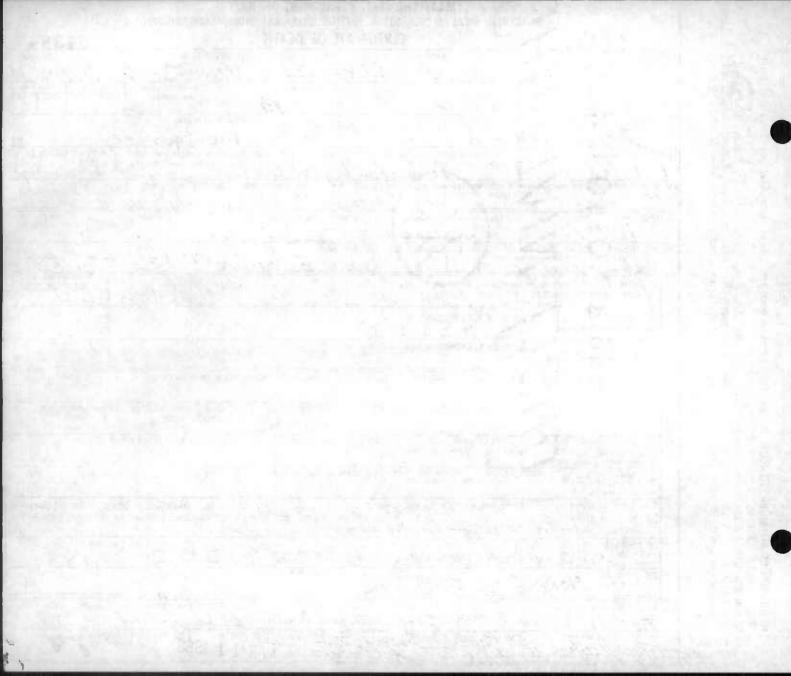
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle Lost 2b. HOUR death. 00 (Type ar print) Marcit IF UNGER 24 HRS 4 RACE IF UNGER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS YRS 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) 4.5 papers. WIDOWED DIVORCED [Pilled 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address -X the attending physician and campietely sit permit. Then please remove carbon GIFFERds Tro. Cremen 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in any event requires that the death certificate be executed 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Yes, no or unknown) ar removal. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: crematian, Conditions, if any, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [7 NO T use Health the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 40 P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 1964, to 6 March, 1945, that (1) be retained pluods causes, stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE, SIGNED 225. SIGNATUR directar, page shauld be filed PHYS DIRECTOR O HOSPITAL 22d. PHYSYCIAN'S 22e. ADDRESS NAME (Type) 23d. JOLATION (City or fown) (County) (Stote) BURIAL CREMATION REGISTRAK'S SIGNATURE VR A15 (4)

30M REV. 1/68



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deap

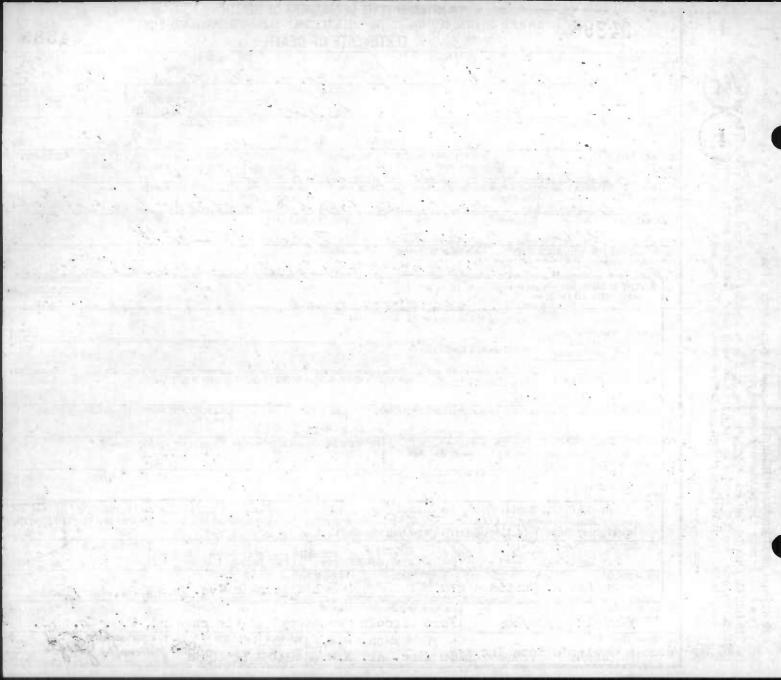
Poge 4 moy be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within a should be filed with the State Dept.

VR A15 (4) 30M REV. 1768

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	- First	Middle	1	Lost	2a. DATE OF DE			2b. HOUR		
(Type or print)	me or	R.	Low	184	717311	Month Doy	19 Year 8	1 TA		
3. SI	EX	4. RACE	/ /	S.	DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
7	nale	111	he te		11-22-9	2	ost birthody) YRS.	MONTHS DAYS	HOURS MIN		
	BIRTHPLACE (State or foreign	gn / 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED [9. COUNTY OF DE	ATH				
COU	ntry)	1/1 main 1/	,5,H	WIDOWED	DIVORCED	mini	tanmo	eres	Md		
10.	CITY OR TOWN OF DEATH	1 11	. NAME OF HOSPITAL OR IN	ISTITUTION (If not i	n hospitol 12o. USUA	L OCCUPATION (K)	no of work done	125. KIND OF B			
2	Bethero	20	ive street oddress)	bur			even if retired.)	MOUSTRY	1		
	USUAL RESIDENCE (Where issign) STATE	dereased lived, if inst		13c. CITY OR TO	// /	42 4	AND NUMBER	' /	-19		
oun	issignity state 7/16	130. COUNT	ment.	12/6	VES NO	43	18-Le.	uden	you		
14.	FATHER'S NAME First	/ Middle	e / Last	15. A	NOTHER'S MAIDEN NAME FI	rst	Middle	7	Lost		
	14.	Lag and	engrut	4	Mar	9.6	erth	1			
	. WAS DECEASED EVER IN U Yes, na, or unknown) (If	J.S. ARMED FORCES? yes give war, or dates of service)	16b. SOCIAL SECURITY	1)0. 17. INF	DRMANT	1	Address	ance	_		
_	Mes is	J. W. T. P.	1-011	2-53 F	delyn,	herest	4/15	6 600	e.		
	18. CAUSE OF DEATH (E	nter anly one couse pe	er line for (o), (b), and (c)).)	1	/			ATE INTERVAL SET AND GEATH		
1	DADT I DESTIL WAS	CALICED DV	Adenocarc		rostate	//		6 moi			
	185 Y		OR AS A CONSEQUENCE OF		2 00 00,00						
	Conditions, if ony, which	gove)	N AS A CONSEQUENCE OF								
	rise ta immediate caus	e (a), ((0)-	OR AS A CONSEQUENCE OF								
	stoting the underlying	couse Doc 10, c	OK AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
			IBUTING TO DEATH BUT I	IOI KELATED TO I	HE TERMINAL DISEASE OR CO	UNDITION GIVEN IN	PAKI I(0)				
No		pneumonia				Toda in in					
F	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	CAUSES OF	S, WERE FINDINGS (ONSIDERED IN CER	ETIFYING		
CERTIFICATION					YES NO						
	21o. ACCIDENT WAS UND		OF INJURY		INJURY OCCURRED (Enter	noture af injury i	Port 1 or Port 2,	Item 18.)	9 -1		
MEDICAL	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.		9							
ME	214 INTURY OCCUPPED	21e. PLACE OF INJUI			TION Street or R.F.D. No.	City ar	Tawn	County	Stote		
	While Nat while at work		OFFICE BUILDING, ETC.	1							
		(I) (this haspital)	attended the deceas	ed from	Oct , 196	7. ta M	A1X 426 19	68 that ((I) (wa) Ins		
	saw the decea	sed alive an	MARCH 26	1967, and t	hat in (my) (aur) apir	nion death acc	urred an the do	te and haur a	nd fram the		
	causes stated	abave, (I) (we) (d	id) (did nat) view the	body after de	ath.						
	22b. SIGNATURE	2 (1,	117	1-11	ATTENDING MI	ED.	TAFF 22c.	DATE SIGNED			
	1	eo m	· Cerple	DEGREE	PHYS. M	RECTOR P	HYS.	3-26-	-60		
19	22d. PHYSICIAN'S				22e. ADDRESS						
	NAME (Type) Le	M. Curti	s M.D.		821 Wiscon	sin Ave.	Bethesda	a, Maryl	and		
230	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CR		23d. LOCATION		(County)	(Stote)		
	REMOVAB (Specify)	3/28/68			Crematory	1	sburg, P	,	Md.		
24	FUNERAL DIRECTOR	1	ADDRES	S Wash I	C I 250 REC'D BY		2Sb. REGISTRAR'S				
J	oseph Gawler	r's Sons I	nc . 51 30 W 5	C ATE 1	V.W. DATEADO		dol	was Judy	ge		
			JIJU WIS	U. HV.	TO TO DAIGH DIC	1 100	0 /	7 0			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04393 CERTIFICATE OF DEATH 04386 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR and 2 deoth. (Type ar print) ie Marc 3. SEX 4. RACE 6. AGE (In years IF UNCER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH last birthday) MONTHS ! Female 8.3 YRS. hours Mours 2 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED carbon papers. WIDOWED I DIVORCED law requires that the death certificate be executed within 24 physician and completely filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dape 12b. KIND OF BUSINESS OR give street oddress)
Washington San during most of working life, even if retired.) event. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Regidence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. county one by YES TY remove ond in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Mattie Whilhelm range. please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 46b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Chart APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) offending | hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS, CONSIDERED IN CERTIFYING 00 CAUSES OF DEATH? YES TO NO TT 4 moy be retained by the hospitol or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. detached / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while at work 220. I certify that (1) (this hospital) attended the deceosed fram and 3 1964, to Kerch 9, 1968, that (1) pe saw the deceased olive on March 9 _1968, and that in (my) (our) opinion death occurred an the date and have and from the pluods couses stated obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, poge Should be filed PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 8237 Georgia 230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

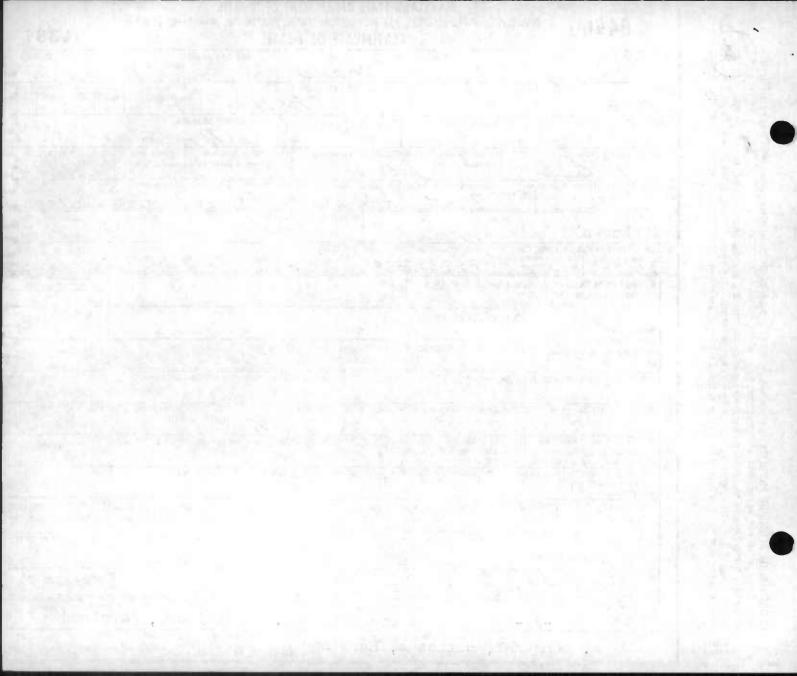
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	DECEASED-NAME (Type or print)	First	Middle	Last	, 1	. DATE OF DEATH Manth	Day Year	2b. HOUR			
3. 5	J. J	4. RACE	lones	S. DATE OF	_	6. AGE (In years	S IF UNDER I YEAR	IF UNOER 24 HRS.			
3. 3	mak.	W		J. DATE OF	129 191	last birthday)	MONTHS DAYS	HOURS MIN.			
7a.	BIRTHPLACE (State or farei	gn 7b. CITIZEN OF WHAT	COUNTRY? B	RRIED NEVER MA	9.00	OUNTY OF DEATH	YRS.				
	mley) ///120		1	OMED DIA DIA	ORCED T	Monto	meu	MA			
1D.	CITY OR TOWN OF DEATH		E OF HOSPITAL OR INSTITUTION		12a. USUAL OC	CUPATION (Kind of wark d		BUSINESS OR/			
	Beth	give stre	eet address) Libe	uban	during most of	warking life, even if retire	1 1100	Wate			
130	. USUAL RESIDENCE (Where	deceased lived, if institution	: Residence befare 13c. C	ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBE		0.			
aan	nissian) STATE md	13b. COUNTY	nont K.	receille	YES NO	1001 K	ockville	Tike			
14.	FATHER'S NAME First	Middle	Last	1S. MOTHER'S	MAIDEN NAME First	Midd	lle 🥠	Last			
	(Unknown)	/	1/225		1411	Me.	Bec	Kmai			
160	a. WAS DECEASED EVER IN U Yes, na_er unknawn) (#	yes give war or dates of service)	6b. SOCIAL SECURITY NO.	17. INFORMANT	2700-	Addre	155 5	rge			
-	Mes.	Vary-ww1.	129-03-2529	12/	101112	11/11/11/20	145 66	MAYE INTERVAL			
	PART I. DEATH WAS	nter anly one cause per line	far (a), (b), and (c).)	200-	- 1		BETWEEN	ONSET AND OEATH			
6	MMEDIATE CAUSE (0) Culture Carriers										
	Canditians, if any, which		A CONSEQUENCE OF	A.	12. 21.11	1 1	15	- wo			
	rise ta immediate caus	ie (a). (b)	COUCEDIE OF	recy i	neuge	curry		1			
	stating the underlying last.	Cause DUE TO, OR AS	A CONSEQUENCE OF		10						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
7	4201										
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WE						, WERE FINDINGS CONSIDERED IN CERTIFYING				
RIFIC				YES [NO	CAUSES OF DEATH?					
			NJURY Manth Day Year	21c. HOW INJURY O	CCURRED (Enter natu	ore af injury in Part 1 or Pa	urt 2, Item 18.)				
MEDICAL	(If either, natify medical	examiner) P.M.	19								
×	I ZIG. INJUKI OLLUKKEU	21e. PLACE OF INJURY (AT	T HOME, FARM, STREET, FACTORY,) FFICE BUILDING, ETC.	21f. LOCATION Str	reet ar R.F.D. Na.	City or Town	County	State			
	While Nat while at wark			1	17	11,	10				
	220. I certify that	(I) (this hespital) often	ded the deceased tro	and that in	my) (===) opinion	, ta / /Un	., 19 <u>60</u> , that				
	couses stated	above, (1) (wa) (did) (d	id not) view the body	after death.	iny) (b ox) opinion	r deoin occorred on in	le dute ond noor	ond from the			
	22b. SIGNATURE	10,	111 117	D ATTENI	DIALC /MED	CTAFF	22c. DATE SIGNED	2/10			
	/na	wm Was	Eller Mix	DEGREE PHYS.	DING MED.	OR PHYS.	3/18	108			
	22d. PHYSICIAN'S NAME (Type)	MARVIN	WAPLE	P. M.V. 22e. Al	DDRESS 82/8	Was Av	-, Bith.	Md.			
230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETE			d. LOCATION (City or Town)	(Caunty)	(State)			
1	BUILLA (Specify)	3-22-68	Bal timor	e Natl		altimore,		a			
	FUNERAL DIRECTOR ROBERT A.	PUMPHREY, I	ADDRESS Bethesda	Marvlan	2Sa. REC'D BY REC		RAR'S SIGNATURE	se.			
1	KUDEKI A.	TOPIL HINGSL 9	occines da,	and y mail	TOMAR 2 6	1968 par	Land June				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the fun director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed witle Page 4 may be retained by the hospital ar attending physician.

aurs after death.

VR A15 (4) 30M REV. 1/68



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VR A15ME (5) 10M REV. 1/68

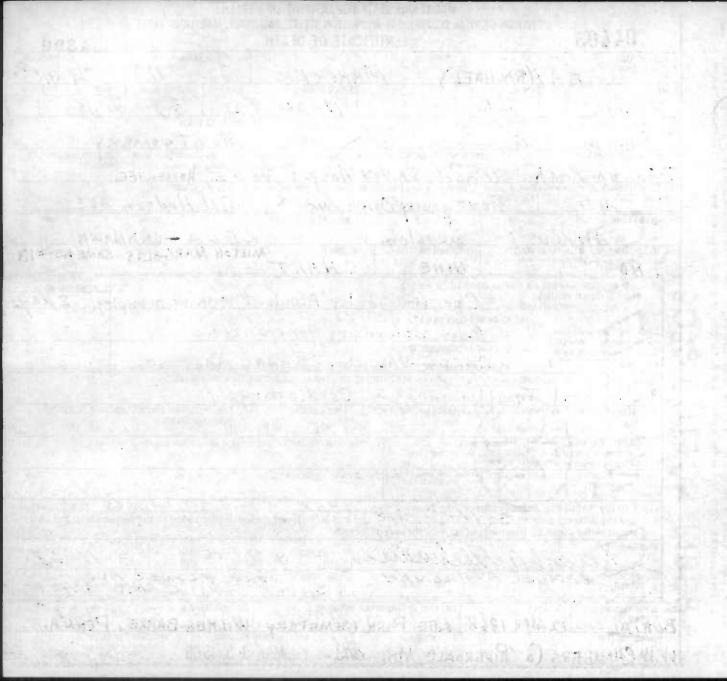
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10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/	h .		CERTIFICATE OF DEATH
= - 2 =	M		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
uneral 1 and 2 1 and 2 1 death	3	/ (ype or print) RAY/RACHAFI MARGOLIS 3 Month // Day Yeorg 11.05
		3. SE	
by the Pages			7emale Helisew 11-29-82 lost birthdoy) VRS. 44 18 HOURS MIN
E PE		7o.	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d E 25		cont	Europe american WIDOWED DIVORCED MonTgoMERY
filled pape thin 7:		10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of brork done 12b KIND OF BUSINESS OR
計画	71	7	during most of working life, even if retired.] INDUSTRY
etel orbo	//	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN / 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ecuted with campletely ave carban y event, with	15	adm	SSION) STATE ND 136. COUNTY ON TOOMER TAKOMA PARK YES NO 7/1 Hudson AVE
		14	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
and rem	- 1	1	
icate b sician please l, and i		160	WAS DECEASED EVER IN U.S. ARMED FORCES? PS. DO OF LINKENDARD 1 (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MILTON MARGAGUES S SAME AS 13
physician en please aval, and			WAS DECEASED EVER IN U.S. ARMED FORCES? BS, no, or unknown) (If yes give wor or dates of service) NONE 17. INFORMANT CHART
that the death certifican. by the attending phy: ransit permit. Then premayed			APPROXIMATE INTERVAL
attending permit. The		7	PART I. DEATH WAS CAUSED BY:
attendi permit. ion, ar r			
e at pe			Canditions, if ony, which gave) Due TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) Arteriosclerosis, generalized
at h h h h h			rise to immediate cause (a),
			last. 4 1 1 1 (c) CARDIO-VASCULAY RENAL DISEASE
equires that the physician. Signed by the burial-transit burial cremat			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Φ			a) Candi I Transfer
r the div		NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1200. AUTOPSY? 1206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	X	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: That at a	-/1	ERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
			TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year
rspit sertificertificed t. of		MEDICAL	(If either, notify medical exominer) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
PHYSIC he haspi this cert etached Dept. a	1-13		21d. INJURY OCCURRED While Not while at wark at wark at wark at wark 1.0 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1.0 PLACE OF INJ
(D = D 0		1	22g Learlify that (1) (this baseled) attended the deceased from 1958 19 to 3-11- 1969 that (1) (we) to
d by After After d be e Stat			22a. I certify that (I) (this hospital) ottended the deceosed from 1958, 19, ta 3-1/-, 1964, that (I) (we) la saw the deceased alive an 3-1964, and that in (my) (our) opinion death occurred an the date and hour and from the
OR:		Н	couses stoted obove, (I) (we) (did) (did not) view the body ofter death.
OR ATTER be retaine DIRECTOR: 3e 3 shaul led with th			22b_SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
_ ~			Climical IT - Receive the DEGREE PHYS. DIRECTOR PHYS. 3-11-68
nay be tal Dil	1		22d. PHYSICIAN'S SAMUEL A. HILLMAN 22e. ADDRESS 8829-FLOWER AUE NAME(Type) SIGNED SORING. MD 20901
Page 4 may O FUNERAL director, pa		-	SILVER SPRING. 1910 ZOTO
Page 4 r O FUNER director,		230.	BURIAL, CREMATION, REMOVAL (Specify) 12 MAR 1968 LEE PARK CEMETERY WILKES-BARRE PENNA. (County) (State) WILKES-BARRE PENNA.
5 5 5		13	FUNERAL DIRECTOR ADDRESS 1250. REGISTRAR 125
VR A15 30M REV.	(4)	11/	21//
JOINT REV.	,	M	W. CHAMBERS (O RIVERDALE, MD. WIS - DATEMAR I 3 1968 formulas Jungos



04404

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CER

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TIFICATE	OF DEAT	H		

	いを表	04	CERTIFICATE OF DEATH 04391								2			
	ECEASED-NAME	First		Middle		Last		20. DA	TE OF DEAT		17.4			HOURD
(1	Type or print)	Frank		Ernest	Mar	gh			Marc	Manth	Day 1 Q	196	2 1	7 . /M
3. SI	X		4. RACE	- urnes-c	1101	S. DATE OF BIR	TH		6. A	GE (In years		JNDER 1 YEAR	IF UNDE	
1	Male		TATI	nite		Septem	her 2	7	1901	t birthdoy)	rs. Mon	ITHS DAYS	HOURS	MIN.
7a.	BIRTHPLACE (Stote of	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARR		9. COUNT	TY OF DEAT	Н				
COU	ntry) England		Ame	erica	WIDOWED			M	onta	omeru	,			Md.
10. (CITY OR TOWN OF D	DEATH	11	NAME OF HOSPITAL OR I	NSTITUTION (If	not in hospital	12a. USU/	AL OCCUPA	ATION (Kind	of work do	ne 1	2b. KIND OF	BUSINES	S OR
Ta	akoma Pa	ark	gi	ve street oddress) ashingtor	Sani	tarium	during m	ost of wo	rking life, e	ven if retire	(.b	INDUSTRY		
			dalived, if insti	tution: Residence before	13c. CITY O	R TOWN 13	Bd. INSIDE CITY LI	LIMITS? 1:	3e. STREET	AND NUMBER	EUI			
adm	ission) STATE	474 TO 11		teomerv	Tako				8205	Car1	500	A	0110	
14.	FATHER'S NAME	First	Middle			IS. MOTHER'S MAI	DEN NAME F		0211	Middle		A	Lost	
	Ed.	ward_		Marsh			Emi	11				m	1	
	. WAS DECEASED EV	ER IN U.S. ARMI		16b. SOCIAL SECURIT		INFORMANT		шу_		Addres	S	Tay	Lor	
)	(es, no, or unknown)	(If yes give wo	r or dates of service)	214-36-	3073	Patien		. In						
	18 CAUSE OF DE	ATH (Enter only	due tuite bei	line for (a), (b), and (Ed L. Leil	- 8 - 6	Har		100			MATE INTER	
		H WAS CAUSED	BY:	11 -		outer .	thene	P				BETWEEN O	A AA	DEATH
4	410	IMMEDIAL	TE CAUSE (a)	R AS A CONSEQUENCE O	many	Heart .	usung	1024				307	4000	PQ .
	Conditions, if any	, which gave	DUE 10, 0	K AS A CONSEQUENCE O	-t.	Hout	2					Know		
	rise ta immediat	e cause (a),	(b)	R AS A CONSEQUENCE O		man J	cara	and and		12.4		70.40		TOTAL
	stating the unde	rlying cause	(4)	K AS A CONSEQUENCE C	"							0.575		
100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
	4)111	011111111111111111111111111111111111111		2011110 10 0011111	HOT HELTHED	O THE TERMINAL	DISENSE ON		017211 111	, I(u)				
NO.	19a, DATE OF OPER	ATION 19b. C	ONDITION FOR	WHICH OPERATION WAS I	PERFORMED	20g. AUTOP	SY?	12	Ob. IF YES.	WERE FINDIN	GS CONSI	DERED IN C	ERTIFYIN	G
CERTIFICATION				William or Electricate William	EM OMMED	YES 🗌	NO 🗷	-	AUSES OF D					
	210. ACCIDENT W			OF INJURY		OW INJURY OCCU	RRED (Ente	r nature o	f injury in	Port 1 ar Par	t 2, Item	18.)		
MEDICAL	OR CONTRIBUTING (If either, natify r				or 19									
ME	21d. INJURY OCCU While Not what wark of wark	JRRED 21e. I		Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		OCATION Street	or R.F.D. No).	City or To	wn	Co	ounty	¥	State
	saw the	deceased ali	ve an 7	ittended the deced warth 19 d) (did not) view th	1968 al	nd that in (my	E, 19∠) (our) api	inian de	ath accur	red an the	19 2 (, that and haur	(I) (v and fr	(a) last
	22b. SIGNATURE		1/-					MED	CTA		22c. DATE	SIGNED		
	Mas	m 4	In	Min I	UID DEC	REE PHYS.		DIRECTOR	☐ STA		Mar	ch 1	1 14	96P
	22d. PHYSICIAN'S					22e. ADDR	ESS			0.0	2	-	-	1
1	NAME (Type)					8237	glay	ELR C	My -X	elay X	crus	10 M	CAL	aud
230,	RURIAL, CREMATIO REMOVAL (Specify)	N, 23b-0			CEMETERY O	R CREMATORY	1	234	CATION (CI	ty of Town	A	opyty)	- (Stat	9)
6	KLMOYAL Specify	1/4	grel 22	-1968 Ft	- Luc	selno		da	dacces	heres	7 4	100.	//	a
24.	FUNERAL DIRECTOR	,191	+ Oxhs	ADDRE	SS 1	-C: 1	2So. REC'D E		0 100	25b. REGISTA	AR'S SIGI	NATURE ()	10	2
	1 shit	1 sel	My S	2544MIN	rall 7	N/1/	DATE MA	AK Z	6 196	0	Cory	The San	6	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages—Y and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deeth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4), 30M REV. 1/68

2 2 10 Standard . THE CALL STREET, STREE Date Land the sale of a company to the state of the same and the sale of the oceana a referencia de la companione de la La formación de la companione d and the state of t and the second second The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

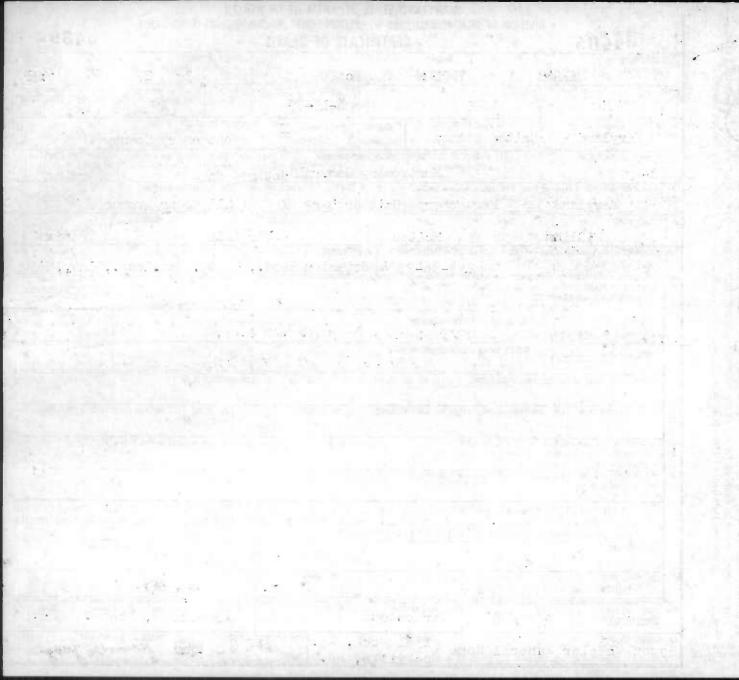
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04392

- 1		A 32 (1)	49			LIVIIII	AIL OI	PLAIII					
1		CEASED-NAME ype ar print)	First DALLAS		Middle PURDUM	41	last ICATEE		2a. DATE OF		2 Pay	68°	2b. HOUR
-	3. SE	v	DALLIAG	4. RACE	PURDUM		S. DATE OF BI	DTU		6. AGE (In year		IF UNDER 1 YEAR	6 OFP
	J. JE	MALE		WHI	TE		6-15-			last birthdoy)	YRS.	MONTHS PAYS	HOURS MIN.
	7o. E	IRTHPLACE (Stote or total) Marylar	foreign 7	o. CITIZEN OF WH United		8. MARRIED [WIDOWED]	NEVER MAR	RIED X	9. COUNTY OF Mont	DEATH gomery (Cour	nty	M
7		ITY OR TOWN OF DEAD Lney	TH	11. NA give si	ME OF HOSPITAL OR INS treet address Mont	TITUTION (If no	ot in haspital Genera	12a. USUA during ma Reti	st of working	(Kind of work of life, even if retinent		12b. KIND OF INDUSTRY Farm	BUSINESS OR
5	13a. admi	usual residence (W ssion) STATE Mary	here deceosed Land	lived if institution	an: Residence before	13c. CITY OR		13d. INSIDE CITY LIV	NITS? 13e. STI	Cedar			
,			irst	Middle	Last	1	. MOTHER'S MA			Mide			Lost
		Wi	lliam		McAt				rginia			Pu	ırdum
	16a.	WAS DECEASED EVER			16b. SOCIAL SECURITY I		NFORMANT		0	Addr	ess	7-4	
	Υ	NO or unknown)	(It yes give war	or dates of service)	214-36-2	024 Ad	nission	Recd.	, Mont	g. Gen.H	Hosp	o.,Olne	y. Md
		18. CAUSE OF DEAT PART I. DEATH	WAS CAUSED I	V.	e for (a), (b), and (c).	Fa. /	ire.						MATE INTERVAL DNSET AND DEATH
		Canditians, if any, wrise ta immediate a stating the underly	ause (o),	(b) DUE TO, OR A	S A CONSEQUENCE OF			e um			19		
		last.)		rterios			fens T		ed se			
		PART 2. OTHER SIGN	IFICANT CONDI	TIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION GIVE	N IN PART 1(a)			
	NO	4400					Too ware		Tan in	1100 11100 FILLS			
2	CERTIFICATION	190. DATE OF OPERATI	ON 196. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY? NO 🛂		YES, WERE FIND OF DEATH?	INGS CO	INSIDERED IN C	ERTIFYING
	MEDICAL CE	21o. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.	Manth Doy Year		OW INJURY OCC	URRED (Enter	noture of inju	ry in Port 1 or Po	ort 2, It	rem 18.)	
1	ME	21d. INJURY OCCURR While Nat while at work of work			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town		County	Stote
		22a. I certify the	at (I) (this	e on	nded the decease - 27 - 1 (did not) view the	9 Con one	thot in (m	, 19 <u></u> y) (our) opii), ta; nion deoth o	occurred on the	_, 19_ he dat	e and haur	t (I) (we) los and from th
		22b. SIGNATURE	9.6	enl		DEGR	ATTENDIN PHYS.	G M	ED.	STAFF PHYS.	22c. D	ATE SIGNED	
1		22d. PHYSICIAN'S NAME (Type)	2./	. Les	x /		22e. ADD	RESS 21 th	ers be	119	Me	d .	
)	230.	BURIAL, CREMATION,	23b. DA	30/68	23c NAME OF Darne	CEMETERY OR	CREMATORY		23d. LOCATIO Darn	ON (City or Town) Mc	(County)	(State)
0	24	funeral director rson Whee	ler Fu	uneral	Homo	l Rock		2So. REC'D B	REGISTRAR	1968 REGIS	TRAR'S S	SIGNATURE	noge

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 parts after death.



	04400		CERTIFICATE OF DEATH		02000
	ECEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR
(1	Type or print)	and T	No Intrue	Month Day	18% Y Y PM
. SI	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	M	White	4-6-03	lost birthdoy) YRS.	MONTHS DAYS HOURS MIN
		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
:001	STLOUIS MO.	U.S.A.	WIDOWED DIVORCED	montgomer	Md
0. (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddressy		AL OCCUPATION (Kind of work done ost of working life, even if retired.)	2b. KIND OF BUSINESS OR
2	elver S trong	HOLL CTO	72 HOT 4	PTIST	NEWSPAPER
30.	USUAL RESIDENCE (Where deceased	d lived, if institution: Residence before 13b. COUNTY FREDERICA		MITS? 13e. STREET AND NUMBER	
	1911		11/1/	- K/.	
4.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	lost
	JAMES	D: 111=1N	TYRE ELIZABL	-1#	MAKIN
	(WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give war	r nr dotes of camira)	1 11	Address Dr. H.	WE Sime MD
_	NO	578-10-2	214 MADELINE MC	INIYRE KIMI	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c	OO	1, -	BETWEEN ONSET AND DEATH
		TE CAUSE (0) _ Carcin	one of 186	All C	J Mos
	180 X	DUE TO, OR AS A CONSEQUENCE OF	F	7/10	
	Conditions, if ony, which gove) rise to immediate couse (o).	(b) m	examines -	Willing	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	1000		7-20 1100
	last.	(c) C W	ellal Obse	usur	
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
z	181,0 Dec	leter mell	letus		
ATIO	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
TIFIC	Han 1968 (a al Bles	YES NO	CAUSES OF DEATH?	
ER	ZIA. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Enter	r noture of injury in Port or Port 2,	Item 18.)
RA	OR CONTRIBUTING CAUSE OF DEATH		r 19		
MEC	21d INJURY OCCURRED 21e P	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County State
	While Not while of work	OFFICE BUILDING, ETC.	()	- 1. 1	15
		s hospital) at epded the decea	sed from 19 5	08 to 192 4 19	that (I) (we) los
	saw the deceased ali	ive on your 8	.19 6 Jand that in (my) (our) api	nion death occurred on the do	ote and hour and from the
		, (I) (we) (did) (did not) view the	e body ofter death.		
	22b. SIGNATURE	11 R1	ATTENDING N	MED. STAFF	DATE SIONED
	Sory	of soon		DIRECTOR LI PHYS. LI	11/08
	22d. PHYSICIAN'S NAME (Type)	EPH BLOOM	22e. ADDRESS	PING ST, SILVE	R SPANG MO
730	. BURIAL, CREMATION, 23b. DA		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
F	REMOVAL (Specify)	-12-68 PRES	RUTERIAK CEM,	HOLLIS DAYS	BURG PA
24.	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR . I 256 REGISTRAR'S	SIGNATURE
	SALAMONE TO	INERAL HONE PR	EPERICK, MD. DATE M.	AK I I 1968 for	ravies Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and tamptefely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon page shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 7. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician.

funeral 1 and 2 er death.

within 24 hours after death.

VR A15 (4) 30M REV, 1/68

THE THE PARTY THE PROPERTY OF THE PARTY OF T 4-610-X PLINES ONCESNY Jack man White in some of the state of the state of the B. William S. Willey E Fall the in the second of the second se CONTRACT STATES THE CONTRACT OF THE PROPERTY OF THE PARTY Solve it to properly though in the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	11440	AM			CERTIF	ICATE OF DI	EATH			04	394
	CEASED-NAME	First	A DIST	Middle		Lost	20.	DATE OF DEATH	- Day 4	Other	2b. HOUR
(1)	ype or print)	Maku		Deresa		Mead	1	Month &	2 Doy 6	Préor	94 N
3. SE	X		4. RACE			S. DATE OF BIRTH		6. AGE (In ye lost birthdo		THS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Female		Canca	sian		19eb 22		76	YRS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
o, B	IRTHPLACE (Stote or f	foreign 71	. CITIZEN OF WHA	AT COUNTRY?		D NEVER MARRIE	9. COL	INTY OF DEATH			
/	New York		U.S.A.		WIDOW	DIVORCED		Mentgomery			Мо
0. (ITY OR TOWN OF DEA	TH		ME OF HOSPITAL OR IN reet oddress)	STITUTION (If not in hospital		UPATION (Kind of work working life, even if re		2b. KIND OF NDUSTRY	BUSINESS OR
	Silver Sp.		39	02 Randal		ad	Hou	semite		Own	home
	USUAL RESIDENCE (WI ssion) STATE	here deceosed	lived, if institution	on: Residence before	13c. CITY		INSIDE CITY LIMITS?	13e. STREET AND NUM		40 4	
	"lexyland		Pontag	mery	Sile	iek oprang	X		dolph	Koad	
4. F	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MAIDE	N NAME First	М	iddle		Lost
	M	ichael	R	Coscre			Ann			McGu	<u>ukin</u>
	WAS DECEASED EVER es, no, graunknown)	IN U.S. ARMED		16b. SOCIAL SECURITY	NO. 1	7. INFORMANT	44.0		dress	10.1	C C 4
	No			None		Mrs. John	McDona	ld 3902 Rai	rdolph	Rd	5.5. M
6				e for (a), (b), and (c)	.)	10	1			BETWEEN C	INSET AND DEATH
	PART I. DEATH		CAUSE (o)	(111	101	4 6	long			26	leac
	150,8		DUE TO, OR AS	A CONSEQUENCE OF		1				1	
	Conditions, if ony, w		(b)		- 6						
	stoting the underly		DUE TO, OR AS	S A CONSEQUENCE OF							
	lost.	,	(c)								
	PART 2. OTHER SIGN	MACANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT N	IOT RELATE	TO THE TERMINAL DI	ISEASE OR CONDITI	ON GIVEN IN PART 1(0)			
NC	153.89	lere	ulle	20 U	ue-	unx	lus	als			
CERTIFICATION	190. DATE OF OPERATI	ION 19b. CO	NDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPSY		20b. IF YES, WERE FIN	IDINGS CONSI	DERED IN C	ERTIFYING
RTIFI						YES	NO 🗌				
CAL CE	210. ACCIDENT WAS		21b. TIME OF HOUR A.M.			. HOW INJURY OCCUR	RED (Enter notur	e of injury in Port 1 or	Port 2, Item	18.)	
MEDIC	(If either, notify me	dicol exominer) P.M.	- 1	9				11/15		
W	21d. INJURY OCCURE While Not while	RED 21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY.) 211	LOCATION Street o	r R.F.D. No.	City or Town	C	ounty	Stote
	of work of work					1)		0	
	22o. I certify th	nat (1) (this	haspital) atte	nded the deceas	ed from.	Mil		to puny	2-196	d, thot	(I) (we) las
	saw the de	eceased aliv	e on	did will view the	hody aft	er death	(our) opinion	death occurred on	the dote	ond haur	and from the
	22b. SIGNATURE	A above,	(i) (we)	View ine	Dody dil	or dearn.	arw		22c. DATE	STGNED /	
	121	111	0.01	11111	na	ATTENDING PHYS.	MED. DIRECTO	R STAFF	3/	21	68
	22d. PHYSICIAN'S	in ,	FUL	and of		22e. ADDRES		11113.	1	-	00
	NAME (Type)	John 4	Curry	M.DO		9801	Georgie	Aug Sil	ier Sn	rina	Md
230	BURIAL CREMATION.	23b. DA			CEMETERY	OR CREMATORY		LOCATION (City or Tov		County)	(Stote)
	REMOVAL (Specify)	Marc	ch 5.196	8 St. 9	ohn!		1	Dittaten.		Para	
24.	FUNERAL DIRECTOR	ohn B.	Thomas	ADDRES	- 10	mas 13	o. REC'D BY REG	ISTRAR _ 2Sb. REG	ISTRAR'S SIG	NATURE	100
1	- 4-	umphre		434 Ga. A	ve S		AMAR 8	1968	- Cal-Cal	4	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond comple**uer** filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove carbon papers. Poshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 (4) 30M REV, 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or attending physician.

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PERSON				
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04408

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	DECEASED-NAME VERNE Middle SCHUSTER Last VERNE Mary Metaalfe 20. DATE OF DEATH Manth Day Year 848
3	S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR 10 144 03 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MILE 164 YRS.
((BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? American WIDOWED DIVORCED 9. COUNTY OF DEATH MONTE GOME TY
71-	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of warking life, even fit retired.) 12. USUAL OCCUPATION (Kind of wark dane during mast of warking life, even fit retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of warking life, even fit retired.) 12. USUAL OCCUPATION (Kind of wark dane during mast of warking life, even fit retired.) 12. USUAL OCCUPATION (Kind of wark dane during mast of warking life, even fit retired.)
/6 od	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY PG VAde ph YES X NO 18 22 Metzeroff)
	FATHER'S NAME! First Middle Last US MOTHER'S MAIDEN NAME First Middle Anderson. G. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	Yes, na, ar unknown) (If yes give war or dates of service) 215-38-3516 Hospital Record T. P. Marylan
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), (b) Associated with arteriosclerotic Heart Dis. Years
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.
/ /	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? YES X NO 20b. If yes, were findings considered in certifying causes of death?
A PARTIES AND A	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
	While Not while at wark at wark
	220. I certify that (I) (this haspital) attended the deceosed from 3/23 , 19.68 , to 3/24 , 19.68 , that (I) (we) leads the deceased alive an 19 , and that in (my) (our) apinion death occurred an the date and haur and from to causes stated above; (1) (we) (did) (did nat) view the bady ofter death.
	22b. SIGNATURE ATTENDING DEGREE PHYS. MED. STAFF 3/24/68
1	22d. PHYSICIAN'S NAME (Type) Abraham Danish, M.D. 22e. ADDRESS Shring, Phaylend
23	a. BURIAL (REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cit) or Town) (State) REMOVAL (Specify 27 March FORTLINGOLN EM COLMAR MANOR MARYLA

maly 12 1 the second of the second second second second inch - t energy to the state of the stat HAT STIERN PRANCE

DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR. M. (Type or print) Month Charles Mines Henry 12:024 March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR MONTHS HOURS Male 9 July 1917 Negro 50 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED Montgomery WIDOWED | DIVORCED | Virginia IISA ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street oddress) during most of working life, even if retired.) Bethesda Construction The Clinical Center Cement Finisher 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Virginia 13b. COUNTY Hanover Route 1, Box 191 Doswell NO XX IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Robinson Lillie Joshua Mines 16b. SOCIAL SECURITY NO. 17. INFORMANTThe Medical Records Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 227-18-4748 The Clinical Center, Bethesda, Maryland 2001 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Renal Failure 3 Months IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove; Progressive systemic sclerosis 1 Years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO | Yes 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (\$) (this hospital) attended the deceased from 5 December, 1967, to 8 March, 1968, that (\$) (we) last sow the deceased olive an 8 March 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted above, (*) (we) (did) (** not) view the bady ofter death. 22b. SIGNAJURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 8 March 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Karl Engelman, M. D. NAME (Type) Institutes of Health, Bethesda, Md. 20014 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3-14-68 FAMILY CEMETERY HANOVER COUNTY, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles &

Ca 305-12 (with E

DATEMAR

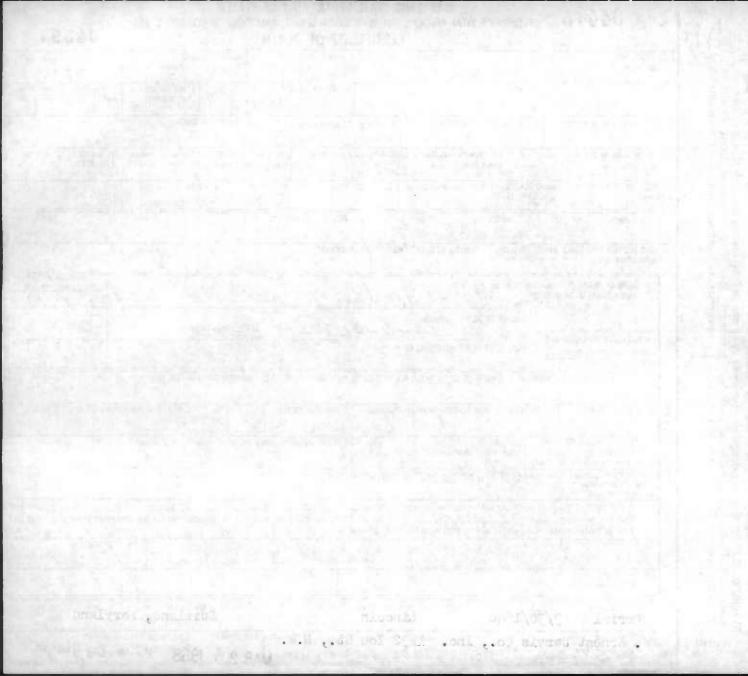
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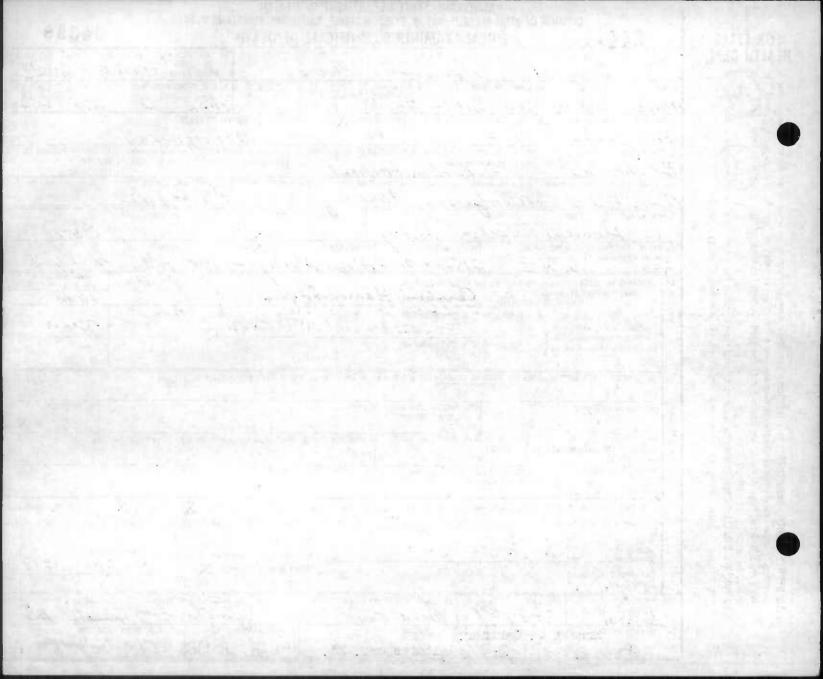
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04397 CERTIFICATE OF DEATH uce nia 1. DECEASED-NAME Middle 2o. DATE OF DEATH lost 2b. HOUR (Type or print) Month and campletely filled in by the funera remave carban papers. Pages 4-and 1968 mobles 26 remave carban papers. Pages 4-n any event, within 72 hours after A RACE S. DATE OF BIRTH IF UNDER 1 YEAR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) Female colored 219/1896 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Country) air, S.C. USA WIDOWED IX DIVORCED montgomeny 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Wheaten University Naising Home Diet cook 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? DC. 13b. COUNTY odmission) STATE 5001 444 St. N. W. 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Lost = un known un Ruseer please and 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) remaval, en APPROXIMATE INTERVAL by the attending p 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗆 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 3/22, 1968, to 3/26, 1968, that (1) (we) lost sow the deceased olive on 3/26, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on 3/2 19 & and that couses stated above, (1) (we) (did) (did not) view the body ofter death. 22 DATE SIGNED director, page 3 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d. LOCATION (City or Town) Maryland 23o. BURIAL, CREMATION, 3/30/1968 (Stote) REMPWAL(Sienis) FUNERAL EFFICEST Jarvis Co. Inc. ADTRES 2 You St., N. A. RECO BY REGISTRAR LAW JUNE JUNE LAND LATE MAR 28 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE Page and 3 ta ny delay is nent of Depar in pencil in Item 18. Give Pages pages 1 and 2 with the Start This certificate shauld be executed within 24 haurs after death the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with hours after death O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File priar to burial, crematian, ar remaval, and in any event within 72 "pending" writing the word necessary, please execute the certificate, SICAL EXAMINER: 5 may be retained for your

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

DIVISION	OI THAL RECORDS, SOI TV.	I KESTON STREET, DALTIMO	AL, MARILAND LILVI	0/200
04412	MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH	04399
1. DECEASED-NAME First (Type or Print) TED	Middle J	last MONTANO	2a. DATE KNOWN Month OF ESTI- DEATH MATED MAR	
3. SEX 4. RACE MALE CAUC	S. DATE OF BIRTH 6. AG los 10 NOV. 1945 2	GE (In years IF UNDER 1 YEAR IF L 1 birthday) MONTHS DAYS HOU	INDER 24 HRS. 2c. DATE PRONOUNCED DEAD	Year 168 5:151
country)	b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	N
10. CITY OR TOWN OF DEATH BETHESDA	give street address) NAVAL. H	OSPITAL	2a. USUAL OCCUPATION (Kind of work done uring most of warking life, even if retired.) USMC	
13o. USUAL RESIDENCE (Where decease admission) STATE COL.	d lived, if institution: Residence before 13b. COUNTY	E TOC. CITT OK TOTAL	OITY LIMITS? 13e. STREET AND NUMBER 2041 E 7th S	T.
14. FATHER'S NAME First -DELLOY De	Middle Lost Lost MONTAN			lost omez
16a. WAS DECEASED EVER IN U.S. ARMED FO (Yes_no_or_unknown) (If yes give wi	ORCES? ar or dates of service)	NO. 17. INFORMANT DELLOY MONT	ADDRESS ANO 2041 E 7th ST.	
	E CAUSE (o)	hanse Frider		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 Lea.
lost.	(c)		OR CONDITION GIVEN IN PART 1(a)	

190. DATE OF OPERATION

CERTIFICATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)

CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.) NOT WHILE

22a. I certify that I took charge of the remains described above, held an Inspection 📉 Inquiry Suicide

ACTUAL SIGNATURE

John G. Ball, M. D.

Accident .

19b. CONDITION FOR WHICH OPERATION

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)

Homicide

22b. DATE SIGNED

County

EXAMINER'S NAME (Type) 23a. BURIAL, CREMATION em Buria

death resulted from

23b. DATE 3/20/68 23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery

21f. LOCATION Street or R.F.D. No.

23d. LOCATION (City or Town) Pueblo, Colorado

Undetermined monner

City or Town

(County) (State)

20. AUTOPSY?

YES NO T

and in my opinian

State

24. FUNERAL DIRECTOR Falls Church Funeral 1102 West Broad St., Falls Church. Virginia

Natural causes

REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE

Health

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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2b. HOUR P \$130 M

Washingto

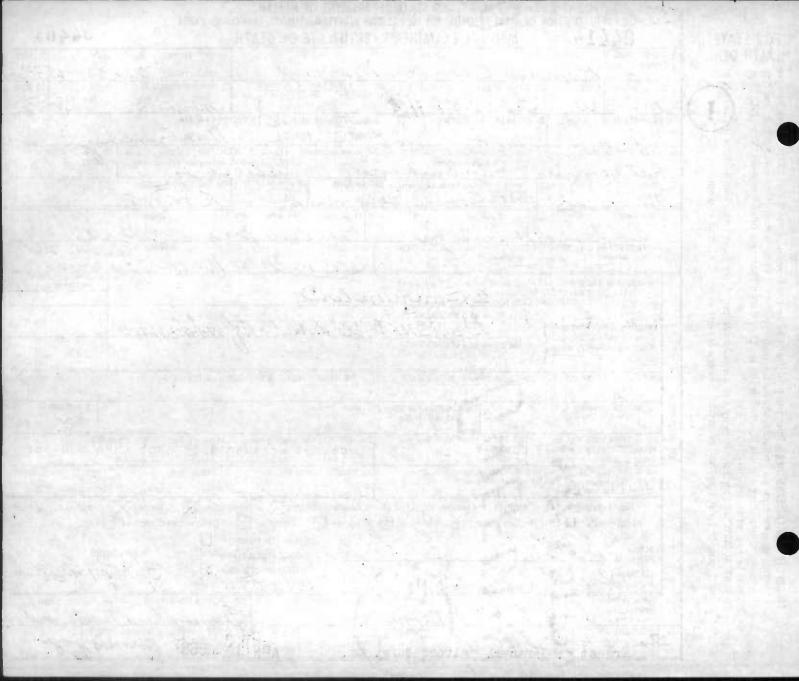
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uneral and er grand	1. DECEASE (Type o		First LRY	Middle YOUNG		ost RRIS	2o. DATE OF D	Month Day	, <u>28</u>	2b. HOUR 1
die fun	3. SEX	male	4. RACE	4. RACE white		S. DATE OF BIRTH Jan. 31, 1885 6. AGE (1) 10853		lo 8 bathdoy) YRS.	hdoy) MONTHS DAYS HOURS MIN	
Adin by	country)	PLACE (State or foreign	U.S	.A.	MARRIED NE	DIVORCED _	9. COUNTY OF D	omerv		Md.
ecuted within 24 campletely filled lave carban pap y event, within 7	Whe	aton	ging	iame of Hospital or Insti- street address) niversity	Nursir	g Home	IAL OCCUPATION (I post of working lif Bureau	and af work done e, eyen if etired.)	12b. KIND OF E	BUSINESS OR BOV 1 t
executed with	admission)	STATE	eceased lived, it institution is a second lived, it is a second li	trian: Residence before	Washing	HER'S MAIDEN NAME	183	O R.St.	N. W.	Apt.
ate be exician and lease ren	16a. WAS	C DECEASED EVER IN U.S.	Pres		18). 17. INFORM	Mary You	ng	Address	Was	shingt
e death certificate b attending physician vermit. Then please an, or remaval, and i		10		ine for (o), (b), and (c).)		Herra				D.C. MATE INTERVAL ASET AND GEATH
that than an. by the ransit precematic	rise		DUE TO, OR (a), (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	ral o	njury	to Rea	d	8-3	ears
e law requires itending physici as been signed as the burial-I priar ta burial,	0	T 2. OTHER SIGNIFICAN 162 X DATE OF OPERATION		UTING TO DEATH BUT NOT HICH OPERATION WAS PERF		TERMINAL DISEASE OR 0a. AUTOPSY?		IN PART 1(a) ES, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
AN: The sale of a sale of		ACCIDENT WAS UNDER	F DEATH HOUR A.M.	Month Day Year	1 1	YES NO DURY OCCURRED (Ent		in Part 1 or Part 2,	Item 18.)	
G PHYSICI the haspite this certifi detached to The Dept. at	21d. Whi	I I I I I I I I I I I I I I I I I I I	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	PRY.) 21f. LOCATIO				County	State
TENDING ined by the Start the Start	220	. I certify that (I) saw the decease couses stated gl	(this hospitol) of ed olive an bove, (I) (we) (did	tended the deceosed 19 (did not) view the b	from 3 8, ond that ody after death	774 , 19_ nt in (my) (our) op n.	oinion deoth oc	curred on the do	68, that ite ond hour ((I) (we) last and from the
nay be retained by the page 3 she e filed with		SIGNATURE PHYSICIAN'S	wa.9.	Slein, m	DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF D 22c.	DATE SIGNED	1
TO HOSPITAL Page 4 may TO FUNERAL (director, pag shauld be fil		NAME (Type)	22h DATE	22. HAME OF C	METERY OR CREM	1319 HIGH.		(City or Town)		
TO HO Page TO FU direct share	REM B1	IAL, CREMATION, OVAL (Specify) PAL DIRECTOR	3/19/68		ew Cem	etery	Culpe	per, Vi		(State)

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FOR STATE		04414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04401
HEALTH DERT		ECEASED NAME First Middle Lost 20. DATE KNOWN Month	Day Year 2b. HOUR
ay is 3 to Poge		Type or Print) Kannie Olener Morris DEATH MATED Man	30 1968 3361
	3. 5	lest bighday) Months Days Hours Min. Month Day	Yeor C - 36
J, 2, and m. PM3.	70	BIRTHPLACT (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEATH	1968 37.1
- E 0		Tenna U.SA WIDOWED DIVORCED Montgame	A N
oth. age ith fa State	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUFAL OCCUPATION (Kind of work done	12b. JAND OF BUSINESS OR
after deoth 8. Give Pago olong with with the Sta	7	Betherde give skeet oddress) during most of warking life, even if retired.)	INDUSTRY
		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 136. STATE	
hours Item 1 Office I ond 2	14. 1	FATHER'S MAME First Middle Cost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in Ite ris O ris of		Ellis Marris In Helen pac Iva	ril
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	ame as
d with per Exam File n 72	-	10 CANET OF DEATH (State of the contract of the last of the contract of the co	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E onsit permit. F event within		18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) S X Sunguovelor	BETWEEN ONSET AND DEATH
pending" ef Medical nsit permit		9229 DUE TO, OR AS A CONSEQUENCE OF	
be hief	68	conditions, if any, which gave rise to immediate couse (a), (b) Sunshol Wound of adaptive	
This certificate should be executed cate, writing the word "pending" ibe forworded to the Chief Medical be used as burial-transit permit.	1	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ote sho g the v ed to th s a buri ond in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
writing writing rworded sed os o	z	9190	
is certificate s te, writing the forworded to e used os a bu removol, ond i	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This is the formal filter for the formal for the formal for the formal filter for the formal filter filtrer fi	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, In	YES NO
*	MEDICAL	PRIMARYX OR CONTRIBUTING 1.10 A.M. 3-30 168 Deceased accidentally shot who cause of Death	ien brother
	NED.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
L EXAL cecute 1 Page 4 for you R: Page iol, cre		AT WORK LAT	Mont Md
- 5 5 5 5 1E		220. I certify that I took charge of the remains described above held on Autopsy , Inspection , Inquiry	and in my opinion
please ex director. DIRECTO or to but		deoth resulted from: Notural couses , Accident X, Suicide , Homicide , Undetermined monner	
y, ple y, ple eral dij se reto RAL Di prior		ACTUAL SIGNATURE / CHIEF MEDICAL EXAMINER 22b. DATE	SIGNED
DEPUT) Cessory, e funero moy be FUNERA		EXAMINER'S D DEPUTY MEDICAL EXAMINER 3/3	11968
necessory, is the funeral S may be roo FUNERAL Health price	22-	NAME (Type) 26 LD 64V CAP DEPRESSION OF COUNTY) BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town)	16 - 1 - 1 - 1
5 2/5 - 1	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 4-3-68 Baplis Ch. Services	nueveta ment
W	24.	HINERAL DIRECTOR / ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME (3) 10M REV. 1/68	6	Ernest C. Gertner' Gaithersburg. Md. DATEAPR 3 1968 Julian	and and



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	ECEASED NAME First Middle
(1	Type or print) STU ART WIL
3. SE	EX 4. RACE
	MALE WHITE
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?
coun	MARVIAND AMERICAU.
10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL
TAI	KOMA PARK give street oddress) WASHING T
	USUAL RESIDENCE (Where deceased lived, if institution: Residence b
	ission) STATE MARYLAND 13b. COUNTY GEORGE
14. F	FATHER'S NAME First Middle ,I
	WHITT MORRI
16a.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC
	res, no or unknown) (If yes give war or dates of service) 57903
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), a
	PART I. DEATH WAS CAUSED BY:
	532 / IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUEN
	Conditions, if any, which gave)
	rise to immediate couse (o), (b)
	storing the orderlying coose
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH
	54//
TION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION V
FIG	The BALL OF OF EARTHOR
CERTI	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY
	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy
MEDI	(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STI
	While Not while OFFICE BUILDING, E
	at work of work of (1) (this hamital) attended the de
	22a. I certify that (I) (this hospital) attended the de saw the deceased alive an March 20
	causes stated obove, (I) (we) (did) (did not) view
	22b. SIGNATURE
- 1	Fradi Sadighi
	28d. PHYSICIAN'S NAME (Type) TRADIT SADEGH
	TANG GABLEN
230.	BURIAL, CREMATION, 23b. DATE 23c. NA/
	BUNG (Specify) 249man, 1968 (BBA
	70. COULD TAN 130. 14. 160 144.

VR A15 (4) 30M REV. 1/68

	CEASED-NAME	First		Middle		Last	20.	DATE OF DEATH A	1 110	100	2b. HOUR
(1	ype or print)	STU	ART	WILSON	1	10RRISSET	TEN	TARES H	Doy	1958	2:00 PM
3. SE	Х	41.45	4. RACE		S.	DATE OF BIRTH		6. AGE			IF UNDER 24 HRS.
	MALE		WH	HITE	6	ANUARY &	1,19	15 lost bit	3 YRS.	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (State	or foreign	7b. CITIZEN OF WI	AT COUNTRY? 8. N	ARRIED 🔀	NEVER MARRIED	9. COU	INTY OF DEATH			
coun	MARY.	LAND	AMERI	CAUS W	DOWED _	DIVORCED _			MER	y	Mo
-	ITY OR TOWN OF E		qive :	AME OF HOSPITAL OR INSTITUT	()	Hosp, during	most of v	JPATION (Kind of working life, even	work done if retired.)	12b. KIND OF B	USINESS OR
130	HISTIAL DESIDENCE	Where decease		ASHING TON SA ion: Residence before 13c.	CITY OR TO	OWN 13d. INSIDE CIT	Y LIMITS?	DRIVE!	NUMBER	-	
odmi	ission) STATE	ARYLAN	D DRINGE		T. RAI	NIER YES	NO 🗌	In 1	UEENS	CHAPE	L ROAD
14. F	ATHER'S NAME	First	/ Middle	MORRISETT		NOTHER'S MAIDEN NAMI	FIN		Middle		Lost
16a. Y	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES? or or dates of service)	166. SOCIAL SECURITY NO. 579033113	3 17. INF	ormant S.M	orri	sette.	Address Same	as # 1	3,
	18. CAUSE OF DE	ATH (Enter ani	y one couse per li	ne for (o), (b), and (c).)						APPROXIM	ATE INTERVAL SET AND GEATH
		H WAS CAUSED			ted	Lunde	nal	2 ul	cer	DETWEEN ON	SCI AND OLAIR
	532	, /	, , ,	AS A CONSEQUENCE OF	200	· Couit		0110			
	Conditions, if any		(b)	/	200	conu	1,	CH.F			
	rise to immediate stating the unde		DUE TO, OR	AS A CONSEQUENCE OF) .	ina	. 11	12.00	-		
	last.)	(c)	n	in	· mu	W		1		
~	PART 2. OTHER SI	GNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE C	OR CONDITION	ON GIVEN IN PART	1(6)		
CERTIFICATION	19a. DATE OF OPER	ATION 19b. 0	ONDITION FOR WH	ICH OPERATION WAS PERFOR	MED	20a. AUTOPSY? YES NO		20b. IF YES, WER CAUSES OF DEAT		ONSIDERED IN CE	RTIFYING
CAL CER	210. ACCIDENT W ☐ OR CONTRIBUTING	CAUSE OF CEATH	HOUR A.M.	FINJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (E	nter nature	e of injury in Part	1 or Part 2, It	tem 18.)	
MEDI	(If either, natify r 21d. INJURY OCCL	JRRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCA	TION Street or R.F.D.	No.	City or Town		County	State
	While Nat what was	1110		COFFICE BUILDING, ETC.	1,633						
	saw the	deceosed al	ive an Ma	ended the deceosed for the body	S, and	hot in (my) (aur) o	ppinion o	ta <u>March</u> death occurred	<u>20</u> , 19_ I on the dat	& , that te ond hour o	(I) (we) las
	22b. SIGNATURE	A .	, (i) (we) (did)	(dra wor) view the bod	y differ de	ATTENDING TO	MFD	STAFE		ATE SIGNED	1016
	720	rdy	Sad	ig how	DEGREE	PHYS.	MED. DIRECTO	R STAFF PHYS.	1 /11.	arch 20,	1768
	22d. PHYSICIAN'S NAME (Type)	IRA	DJ ST	ADEGHIAN	M.D	22e. ADDRESS	Lock	kwood I	7.5./v	ier Spri	ng Kld
230.	BURIAL, CREMATIC		1 . 1	23c. NAME OF CEME	-	1-	-	LOCATION (City o		(County)	(State)
24	FUNERAL DIRECTOR	6	Mar, 196	ADDRESS	CEM	ETERY DEC		NCEVER		VIRGI	NIA
γ.	Y. W. Cha	mbers	Con	Riverdale	m	DATE M	AK Z	STRAR 1968 b.	The state of the s	A CHARLES	0

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	クススする。		CERTIFICA	TE OF DEATH			044	403
	ECEASED-NAME First Type ar print)	Middle	12	Lost	20. DATE OF DEATH	Day Ye	or	2b. HOUR
-	Type at print)	Arthu	1	F. MUNDIS	Month	Doyg Yes	68	143 AN
3. 5	EX	4. RACE	5	. DATE OF BIRTH	6. AGE (In ye last birthday	ears IF UNDER 1 1		UNDER 24 HRS.
	Male	White		5-6-0	1 60		DAI3	OOKS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
cuo	Penna.	U.S.	WIDOWED .	DIVORCED [Montgon	refu		Md
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not		L OCCUPATION (Mind of work		ND OF BUS	SINESS OR
2	pilvel Spring	give street address) Hol	y Cros	S HOLD auring ma	ist of warking tife, even if re	fired.) INDUST	KI	
13a.	USUAL RESIDENCE (Where de Gas	sed lived, if institution: Residence befare	13c. CITY OR T			BER		,
uair	ISSION STATE Mary IN	md COUNTY Montgomes	SIVEL		1111 -1117 4	SHY Blue	X W	100
14.	FATHER'S NAME First	Middle U Last O	15.	MOTHER'S MAIDEN NAME FI		iddle	505	Last
(Barfield C. N	hundis		Iva Pe	ryl Snyder			
160	. WAS DECEASED EVER IN U.S. ARA	ver or dotor of consect		ORMANT	0	dress	. 1:	7
	(If yes give w	Unknown	M.	Beth Mundi	s sare	as Item) •
		ly one couse per line for (a), (b), and (c).	1 /	/ 1	*		PPROXIMATE WEEN ONSET	
	PART I. DEATH WAS CAUSEI	D BY: ATE CAUSE (o)	alic.	Taille	el.	3	SPIN	eld
	5719	DUE TO, OR AS A CONSEQUENCE OF	1	- 1	1 0.		1/1	1
	(anditions, if ony, which gove)							
	rise to immediate couse (a), stating the underlying cause			a Sayly				
	last/ R/O	(c)						
	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	- Acu	te 10	east for
×	0 5	bleveelony;	for	My perst	Course 2) tes	carr	ever
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		206. AUTOPSY?	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED	IN CERT	IFYING
RTIFI	3/13/68/2	Aperoples	em	YES NO	CAUSES OF DEATH!	Tes	7 7	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			V INJURY OCCURRED (Enter	noture of injury in Port 1 or	Part 2, Item 18.)		
MEDICAL	(If either, natify medical exami	iner) P.M.	9	Transition Inches				
ME	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY.) 21f. LOC	ATION Street ar R.F.D. Na.	City or Tawn	Caunty	174	Stote
	ot work at work			1/ 6			. 4	
	22a. I certify that (I) (th	is hospital) attended the decease	ed from	TaxA 13, 196	, to March 2	4, 1968,	that (I)) (we) las
И	saw the deceased a	ilive an Juck Z 1 e, (I) (we) (did) (did not) view the	bady after de	thot in (my) (our) opi	nian death accurred on	the dote and h	iour an	d from the
	22b. SIGNATURE	s, (1) (west (and) (and that) view life	John John John John John John John John	euri.		22c. DATE SIGNE		
	191	Talest !	DEGREE	ATTENDING M	ED. STAFF PHYS.	3-29		
	22d. PHYSICIAN'S	racing .		22e. ADDRESS	O S	1	0	- A1
	NAME (Type) Wm.	I. Marcus		10620	Georgia 1	TUR.	77	14.
23a		DATE 23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION (City or Tow)	(State)
Bı	DEMOVAL (C 'C.)			n Cemetery	Harrisbu	rg, Peni	na.	
24.	FUNERAL DIRECTOR	HREY, Bethesda,	Moses	2Sa. REC'D B'	Y REGISTRAR 25b. REG	ISTRAR'S SIGNATUR	44	
R	OBERT A. PUMP	HKEY, Betnesda,	Mary	DATE A.C.	1000	Marila	1 Voc	della

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-yours after deoth.

Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 30M REV. 1/68

PS - E SHANNS - 29 York FA Male De Marks M CV = 2 - 2 Maniegoniani, Salved Spiller Holy Cross have publicat Hadgard & Mamores Steeling & Millinish Day & · Commence of the commence of UZ BANK BURNER OF S and the commence of the property of the commence of the commen The total and the second of th

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurf offer dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04404

2 2			CEASED-NAME	first Thais	Vittoria	Murphy	20. DATE OF DEAT	H Month > 4/Doy,	ala Year	2b. HOUR
the fune		3. SE	X F	4. RACE	/	S. DATE OF BIRTH		OF /111 10013		IF UNDER 24 HRS. HOURS MIN.
ed in by pers. Po 72 haum		Cour	BIRTHPLACE (Stote or foreigntry) LKTINS BUCG W. U	A. U.S.A.	WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEAT	H 60196		Md
tely fille rban po within	68	S	ITY OR TOWN OF DEATH	VG, MD, give stre		HOSPITAL during	USUAL OCCUPATION (Kind g most of working life, e	even if retired.)	12b/KIND OF B	USINESS OR
cample ave ca v event	15	odmi	ission) STATE D		THOMERY B	ETHESDA YES [V]	NO□ 991	> HARK	COB ATE	FRD.
cian and co ease rema			ATHER'S NAME FINES	FITTIFE	ALS BOTH	15. MOTHER'S MAIDEN NAM	NCE U.	Middle ICTVK (A		GLE -
physicic en plea			es, no, or unknown) (If y	S. ARMED FORCES? as give war or dates of service)	66. SOCIAL SECURITY NO.	Richard J.	Murphy, Son	Address Seeite		
ending phy nit. Then or remova			PART I. DEATH WAS	ter only one couse per line CAUSED BY: IMEDIATE CAUSE (o)	for (o), (b), and (c).)	i de la companya della companya della companya de la companya della companya dell				SET AND DEATH
by the attending physician and campletely filled transit permit. Then please remave carban pape cremation or removal, and in ony event, within 7			Conditions, if ony, which rise to immediate couse	gove) (b)	A CONSEQUENCE OF	browchis	hi		yes	ais
signed by burial-tran burial crer			stoting the underlying c	(c)	A CONSEQUENCE OF	TEN TO THE TENANIAL DISEASE	OD CONDITION CIVEN IN	DADT 1/-1		
		CATION	CHY SELVEN 190. DATE OF OPERATION	isine arter	wideroke	CALLED TO THE TERMINAL DISEASE	reulas 1	enalo	lisla	10
icate has been for use as the Health prior to	- 1	CERTIFICAT			OPERATION WAS PERFORM	YES NO	CAUSES OF D			.IIF7ING
ed for af Hec		EDICAL C	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF DEATH HOUR A.M. exominer) P.M.	Month Doy Year	21c. HOW INJURY OCCURRED (
this ce detach		W	21d. INJURY OCCURRED While Not while ot work			21f. LOCATION Street or R.F.D	1	- 11	County	Stote
CTOR: After t shauld be de ith the State			saw the deceas) (this hospita l) atten ed alive an_ bave, (I) (we) (did) (d	3-2490	m , , , , , , , , , , , , , , , , , , ,	9 <u>5 (0</u> , ta opinian death accur	red an the dat	e and haur a	(I) (we) l as nd fram the
			22b. SIGNATURE	Me /	eyh, u	DEGREE PHYS.	MED. STA	FF m	ATE SIGNED	68
O FUNERAL DIRE director, page 3 should be filed w	1		22d. PHYSICIAN'S NAME (Type)	Tason a	elicer, 1	7,7,	5 lessh	John Dri	o md	
direct	0		BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-28-1968	23c. NAME OF CEMETE	rk Cemetery	23d. LOCATION (Ci	altimore	(County) Maryl	(Stote) and
VR A15 30M REV		24.	FUNERAL DIRECTOR 39	seph Gawler	Sons ADDRESS Inc.	250. REC	D BY REGISTRAR 196	well .	SIGNATURE S	edge.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4000			
LEDI	ILI/ATE	OF DEATH	
LFRI	IFIL AIF	VIE DEALD	

04405

	DECEASED-NAME First Middle (Type or print) WOLODY MYR (NOWE) NALVWAIKO 20. DATE OF DEATH ONE PROPERTY Day 10 Year 68 12:151	PM
3. SE	SEX MALE 4. RACE Caucasian S. Date of BIRTH April 16, 1889 6. AGE (In years let under 14 ARS) Months Days Hours Min	S. N.
7o. E		Md.
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Silver Spring 12. USUAL OCCUPATION (Kind of work dane during masy of working life, even if retired.) INDUSTRY LAW	
	o. USUAL RESIDENCE (Where declased lived, if institution: Residence before 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 9207 LIMES INC. Place	
	FATHER'S NAME First (None) MALYWAYKO Emi TAWIN SONKO (1957)	
	ves, no, or unknown) (If yes give war or dates of service) (166. SOCIAL SECURITY NO. 203-26-3595) Address SAME	
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: One of a configuration of the configuratio	
	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BLUELLING PLANE BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1965 (CAUSES OF DEATH? YES NO CAUSES OF DEATH?	
DICAL CE	Tor contributing Cause of Death HOUR A.M. Month Doy Year P.M. 19	,
M	21d. INJURY OCCURRED While Not while at work at work at work at work	
	22a. I certify that (I) (this hespital) attended the deceased from	as: he
	226. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED 3/10/68 59	
	22d. PHYSICIAN'S NAME (Type) J. FREDERICK BARR, M.D. 22e. ADDRESS College Ave., College PAKK, Md.	,
230.	id. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3/14/68 Mt. Olivet Cemetery Washington, D.C. (County)	
24.	The S. H. Hines Company Washington, DC DATE MAR 13 1968	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Poge 4 may be retained by the hospital or ottending physician.

of Haranto William Aller Strategic In Acres 1981 - Lange Mariana Planting Planting TAKER TENED Some Salve - carried with the move of the party of the The Marin Committee Constitution of the Same State of the Committee of the the contract of the contract o THE RESERVE THE PROPERTY OF THE PARTY OF THE and the comprehensive south the management of the said BATOLIE X WILLIAM REMARKS . L.V. ac Stal Line - ZersameO JoyteO .ck - EA\dive Taired AND THE RESERVE OF THE REPORT OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(NA			04419		CI	RTIFICATE OF DEA	ATH		044	06
€ _	24			CEASED-NAME ype or print)	First	Middle	Last	2o. DATE OF D	44 11 0	V	2b. HOUR
r death uneral	death		- (1	ype or print) MAI	84	m.	neel	7	Month Doy	196 8	7.30AN
s after the fur	hours after		3. SE	Temple	4. RACE	lite	S. DATE OF BIRTH	6	b. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
d in by	728		7o. E	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	MARRIED MEVER MARRIED DIVORCED	9. COUNTY OF D Mon	Tgomeru	1	Md
	. Then please remave carban par removal, and in any event, within	90	,	TY OR TOWN OF DEATH		NAME OF HOSPITAL OR INSTI		a. USUAL OCCUPATION () Iring most of working lif		12b. KIND OF INDUSTRY	BUSINESS OR
camplet	ve car event,	15		USUAL RESIDENCE (Where d	leceased lived, if institution 13b. COUNTY	otion: Residence before		NO 43	et and number	Rice K	Q.
be exe	d in any ev	1	14. F	ATHER'S NAME First	Middle	Pucket	13. MOTHER'S MAIDEN	NAME First	Middle		Lost
requires that the death certificate be executed 3 physician. 1 signed by the ottending physician and cample	n please val, and i			WAS DECEASED EVER IN U.S. es, na, ar unknawh)		16b. SOCIAL SECURITY NO 220-28-6	17. INFORMANT	Jame Reus	Address - 43	11 Fern	LIERS
e death cer ottending p	it. The			18. CAUSE OF DEATH (Ent PART I. DEATH WAS C	AUSED BY:	line of (a) (b), and (c)	atoma W	In Dt. low	w 0		ATE INTERVAL ISET AND DEATH
the de				191×		AS A CONSEQUENCE OF	which fin	0		1	
physician. signed by th		H		rise to immediate couse stating the underlying colost.	(a), (b)	AS A CONSEQUENCE OF				3 340	
uire hysic gne	burial, burial,				T CONDITIONS CONTRIR	LITING TO DEATH RUT NOT	RELATED TO THE TERMINAL DISEA	ASE OPCONDITION GIVEN	IN PART 1(a)	1	
w req ding p	as the bu		NO	1939					30		
The la attenda has b	use as Ith pria	2	CERTIFICATION	19a. DATE OF OPERATION		HICH OPERATION WAS PERF	YES 🗀	NO CAUSES C	ES, WERE FINDINGS C OF DEATH?		RTIFYING
ICIAN: pital or rtificate	of Health		MEDICAL CE	21a. ACCIDENT WAS UNDED ON CONTRIBUTING CAUSE ((If either, natify medical e	DF OEATH HOUR A.M. P.M.	Manth Doy Year	21c. HOW INJURY OCCURRED		in Part 1 ar Part 2,	Item 18.)	
the hos	detache e Dept.		M	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, FTC.	21f. LOCATION Street or R.	F.D. No. City o	r Town	Caunty	State
TENDING ined by DR: After	ould be the Stat			22a. I certify that (I sow the decease couses stated a	ed alive on	tended the deceased 2/3 4/19 (did not) view the bo	ond that in (pry) (at	, 19 <u>67</u> , to ur) opinion deoth ac	urred on the do	te and hour o	(I) (we) los and from the
be retained DIRECTOR: /	age 3 sho filed with			22b. SIGNATURE	at C.	Macon	DEGREE PHYS.		STAFF PHYS. 22c.	DATE SIGNED	
PITAL 4 may ERAL	ar, p	1		22d. PHYSICIAN S NAME (Type)			22e ADDRESS 809	Viers Me	11 Rd.	Rocku	Me, Ha
Page 70 FUN	directo	2		REMOVAL (Specify)	23b. DATE 3/5/68	mon	METERY OR CREMATORY	23d. LOCATION		(Caunty)	(Stote)
30/	/R A15 (4 M REV. 1	68	24.	FUNERAL DIRECTOR	C' Hilt	aboress Bern	11 7.0	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	to the last of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT DECEASED-NAME First Middle Last 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTIny deloy is Poge William Gordon NEESE DEATH MATED 19683:24 March 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 2d. HOUR P.M.3. last birthaay] MONTHS HOURS MIN. ortme 56 YRS Vaucasiah Male 11 May 1911 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH Office along with form country) DIVORCED WIDOWED [Delaware United States Montgomery Give Pages lond 2 with the Stote 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital hours ofter deoth 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) Naval Hospital Law Officer Bethesda **Bethesda** 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE N.Y. 13b COUNTY Levittown YES TO NO 32 Old Hill tem | ofter 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle STRAW NEESE Flossie hours Given Clarence forworded to the Chief Medical Examiner's pages = 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Arnold, Maryland be executed within pencil ADDRESS (Yes. na. ar unknawn) MAR 1.3-MAR-68 067-07-9652 Box 288 File Mrs Edith Boyd NEESE APPROXIMATE INTERVAL 2 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY Marian Property pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 0 00 removol used 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO [please execute the certificate, 50 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18. 3 should 4 should PRIMARY OR CONTRIBUTING HOUR A M SICAL EXAMINER: cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE D burial, 22a. I certify that I taak charge af the remains described above, held an Autopsy and in my apinian Inspection funerol director. Natural causes death resulted from Suicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED SIGNATURE necessary, O DEPUTY may **EXAMINER'S** O FUNE Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Arlington. Virginia Arlington Nat'l. Com. 4/2/68 Buria 25a. REC'D BY REGISTRAR
DATE APR 2 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5 Falls Church F.H., Falls Church, Va. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

3/24/1968 Berini . 4/2/68 Arliorium Mai'l. Com. Arlington, Virginia Fulls Church F. H., Falls Thurch, Ve. Carly & Boot Land Carles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		032	di.		CERTIF	ICATE	OF DEATH				0334	10
		LACE OF DEATH					2. USUAL RESIDENCE (W				before odmis	ssion)
Į	0	COUNTY MOT	nt gome ry		MARY	LAND	o. STATE Mary	land	b. COU	Mon	tgome	ry
	b	CITY OR TOWN (If outside corporate limits d give neorest town)	5,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If out					
	d		AL OR INSTITUTION (If no	ot in hospitol,	give street oddress)		d. STREET ADDRESS	Delie	SUZ		e. IS RE	SIDENCE
5			ast West H				4401 Eas	t West	High	way	YES _	FARM?
5	0	AME OF ECEASED (ype or print)	Fir HELI		Middle O DONN	ELL	Lost	4. DATE OF DEATH	Mar.	31,		Year 9 68
1	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	9. AG	E (In years		YEAR IF UND	
		emale	White	WIDOWED	DIVORCED	D N	ov. 6, 18	74 93	t birthdoy) yrs.	Molifits	7042 11001	> /MIII
	10o.	USUAL OCCUPATION	(Give kind of work done	f0b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County &	Stote, or foreign	country)	12. CITI2	EN OF WHAT	
	durar	Houses	life, even if retired)	18	DOZIKI		Penna.			(00)	U.	S.
	13.	FATHER'S NAME					f4. MOTHER'S MAIDEN N	AME				
		Patr:	ick Charle	25			Ellen	(Unkn				
	IS. (Yes	WAS DECEASED EVE , no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service 16.	SOCIAL SECURITY NO. 5-54-5163		oseph O'D			Georg		
			EATH (Enter only one cou	se per line for	(o), (b), ond (c).)						INTERVAL B	BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Bronck	Popon	eumonia				ONSET AND	DEATH
		4017	DUE	TO	-							
		Conditions, if ony rise to immediate		(b)	Terminal							
		stoting the unde	rlying couse DUE	10 (c)	uneraleza	ed C	Certerin	lerosia	•		15	yn
1	ATION		GNIFICANT CONDITIONS CO					Hype			19. WAS AI PERFOI YES	UTOPSY RMED? NO
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (Er	nter noture of injury in F	Port I or Port II o	f item 18.)			
	MEDICAL	Hour 'o. p.	m. 19	While of wor	k ot work	foctory	OF INJURY (Home, farm, y, street, office bldg., etc.)		y or town)	(Coun		(State)
		21. I certi	fy that (I) (this hos eceased alive an_2	pital) atten	ded the deceased	fram	merch- , 19 death accurred at	9.5 3 to 1 1.45 TM, fr	am causes	30, 19 <u>6</u> and on the	that (I) date stat	(we) ted abo
			stram ?	Fe .	Charger	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT 3/3	E SIGNED	/
		22c. PHYSICIAN'S NAME (Type	BERTRAN	MF. S	CHAEFER	37	22d. ADDRESS 1780 1	you.	are.	230.	· Und	1.0
1		101.11.2 (1.1)										
1	_	BURIAL, CREMATI	ON, 23b. DATE THI		23c. NAME OF CEME			23d. LOCATI	' '		County)	(Stote)
1	В		ON, 23b. DATE THE				Cemeterv		ngtor		C.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely factor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Deat of Health print to burial tremation or removel and in any event with Poge 4 moy be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

ATTENDED TO THE PERSON OF THE The second secon AND SERVICE THE RESERVE OF THE PROPERTY OF THE . W., or white a decision of agreet, and the table of the same and the the state of the s and the state of t

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14400 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR Rours after death (Type or print) 1132 Year IF UNDER A HRS. 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS 3 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED carban papers. country). physician and campletely filled in WIDOWED F DIVORCED [10. CITY OR TOWN OF DEATH INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) OUSE KEEPER event, 13d. INSIDE CITY LIMITS? 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN The law requires that the death certificate be executed admission) STATE 13b. COUNTY remove in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle please andi 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL attending p O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES T NO F by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M df. (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Nec., 1962, ta March 25, 1968, that (1) (we) last pe _19 8, and that in (my) (our) apinion death occurred on the date and have and from the saw the deceased alive on_ be retained shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE directar, page shauld be filed PHYS. 22d. (PHYSICIAN'S NAME (Type) 22e.* ADDRESS R. Spencer John LURTONSVILLE 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Lake View Memorial Gardens Liberty Dam REMOVAL (Specify) 3-28-68 Carroll, Md 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (0) 1968 30M REV. DATE ALAC 9

MARYLAND STATE DEPARTMENT OF HEALTH

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04423

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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ш			CENTI	TICALL OF PLATE		
1	DECEASED-NAME (Type or print)	First	Middle	Last	2o. DATE OF DEATH Month Doy	Year/ 2b. HOUR
1	JF	ANIE	JONES	USTEEN	mar. 4	68 2-AM
1	3. SEX	4. RACE		5. DATE OF BIRTH	6. AGE (In years last, birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
ŀ	Timale	white	T COUNTDYS 19	6-29-46	9. COUNTY OF DEATH	
	7o. BIRTHPLACE (Stote or for country)	11 7110	ITUAK	RIED NEVER MARRIED DIVORCED DIVORCED	mont somery	
ŀ	10. CHY OR TOWN OF DEATH	UNA	ME OF HOSPITAL OR INSTITUTION		AL OCCUPATION Kind of work done	12b. KIND OF BUSINESS OR
I	Bethesda	aire et	reet address)		ast of working life, even if retired.)	INDUSTRY
	13a. USUAL RESIDENCE (Whe	re deceased lived, if institutio	n: Residence befare 13c. Cl	TY OR TOWN 13d. INSIDE CITY L		<i>C1</i>
	odmission) STATE	136 COUNTY	MERY WI	peaton YES N	00 12217 Den	ery St.
I	14. FATHER'S MAME Fire	, , , , , , ,	Last	15. MOTHER'S MAIDEN NAME	First Middle	Lost 10 00
1	16g. WAS DECEASED EVER IN	RIES HENR	768. SOCIAL SECURITY NO.	17. INFORMANT	y Elizabeth	Me Duffer
		(If use own was no dates of son in)	283-12-5902	at 100 - 10.	steen - 50N - GK	1 semi.
1		(Enter only ane cause per line		0	11 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W		(O1 61 0	relaction	Multiple	Jon 9 1968
I	4339		A CONSEQUENCE OF	h ,		0.
Ì	Conditions, if ony, wh	ich gave)	Certerio.	Scleon		Unhum,
l	rise to immediate ca stating the underlyin		A CONSEQUENCE OF			
ı	lost.) (c)				
ı	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT RELA	FED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
İ	19a, DATE OF OPERATION	N 19b. CONDITION FOR WHIC	TH OPERATION WAS PERFORME	20g. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
ł	190. DATE OF OPERATION 210. ACCIDENT WAS U			YES NO	CALISES OF DEATHS	
ı				1c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 18.)
I	OR CONTRIBUTING CO	cal examiner) P.M.	Month Doy Year			
		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No	city or Tawn	County State
	While Nat while at work of wark				66. Amaria	7.6 Al 1.00 () 1
	22a. I certify the	t (I) (this hospital) atte	aded the deceased from	gnd that in (my) (aur) an	inion death occurred on the de	, that (1) (we) last
	couses stote	d obove, (I) (well (did) (did not) view the body o	fter deoth.		ore and noor one from the
	22b. SIGNATURE	U		ATTENDING -	MED. STAFF 22c.	DATE SIGNED
	Sen	eduny	e nun	DEGREE PHYS.	DIRECTOR L PHYS. L	Mar 6 8
	22d. PHYSICÍAN'S NAME (Type)	jeorge Sharpe		229 0488 Cen	in Avenue, Kensin	gton, Maryland
ŀ	23o. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	BREMOVAL Specify)	3/6/68		e Cemetery	Goldsborough, N	
	MANUMERAL DIRECTORS	C.Glen Cartes	8434DRESEORG	Cu i i i i i i	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Warner E. Pu	unphrey. Inc.	Silver Spri		R 8 1968 FCC	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the ful director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 habre after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

by the funeral Pages 1 and 2

death.

B17523 200724 204222 all day to properly to a second and the land dengarami, mengineran 3, 100 The Coulon with security we. anner L. Pempinen, Min. Continues, 1874, 18.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6
	CERTIFICATE OF DEATH	04411
	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH	2b. HOUR
	(Type ar print) Grafton Derky Page march 2	19 1968 6 p.M
6	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years light high bright)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	male white Oct 13, 1883 848 30 1	RS.
i,	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	desilerent of policy the B. H. WIDOWED DIVORCED / 100 h + 90 m	1844 Md.
	10. CITY OR YOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during good of prorking life, eyen if retired	
)	WITHER ETOOKE UTOUR TOUNDATION II. S. Vast. offe.	
-	13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND MIMBER admission) STATE 13b. COUNTY 13b. COUNTY 13b. SOURCE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND MIMBER 174 13b. COUNTY 15b.	101
)		vood Rd -
-	de la	Ma la Last
	16a. WAS DECEASED EVER IN US ARMED FORCES? Sob. SOCIAL SECURITY NO. 17. INFORMANT Dage Address	Mach
	Yes, no, or unknown) (If yes give war or dates at service) 0/2-24 8/397 Miss Marion *** 1740 Norw	
i	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).	APPROXIMATE INTERVAL BETWEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	S Navy
	4/2 MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A	
	Conditions, if only, which gove)	M 1627
	rise to immediate cause (a), (b) Stoting the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	x 4200	
1	S CAUSES OF DEATHS	GS CONSIDERED IN CERTIFYING
1	YES NO CHUSES OF BEATTI	
		2, Item 18.)
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn	County State
	While Not while OFFICE BUILDING, ETC.	County state
	22a. I certify that (I) (this haspital) attended the deceased fram 116, 1968, ta 329,	190 (, that (I) (was) last
	caw the deceased alive an	
	causes stated abave, (I) (we) (did hat) view the bady after death.	
	ATTENDING MED. STAFF MI	22c. DATE SIGNED
	DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS	0150/101
	NAME (Type) , H. L. GOM M.) 220. NUMBER OF MA	W
	23a. BURIAL, CREMATION, 23b. DATE 23c. NAMA OF CEMETERY OR CREMATORY 23d. LOCATION (Cay or Town)	(County) (State)
)	Cremoval (Specify) March 30, 1968 Fort Lincoln Crematory Prince George	1 11
1	24. FUNERAL DIRECTOR CLORES (LICENSTEADERS (LICENSTEADERS) 250. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	Varner E. Pumphrey Inc. 8434 Georgia Avenue S DATEAPR 3 1968 106	carles Judge

DATEAPR 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attended the contraction.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.221		MEDICAL EXAN	AINER'S (ERTIFICATE	OF DEATH		033	1.4
1. DECEASED-NAME (Type or Print)	First Grace	Elect		Parker		20. DATE KNOWN Mont OF ESTI- DEATH MATED 3	th Doy Year 1968	26. HOUR
3. SEX Female	4. RACE White	S. DATE OF BIRTH NOV. 17,1875	6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Doy Doy 1	2 Yeor 1968	2d. HOUR
70. BIRTHPLACE (Stocountry Michi	ote or foreign 7b	. CITIZEN OF WHAT COUNTRY?	8. M	ARRIED NEVER MA	RRIED 9. CO	Montgomery		M
10. CITY OR TOWN		gike thet address		ON (If not in hospitolens	120. USUAL O	CCUPATION (Kind of work done I working life, even if refired.	e 12b. KIND OF BUSI	NESS OR
13o. USUAL RESIDE odmission) STA	NCE (Where deceosed	l lived, if institution: Residence 13b. COUNTY		Y OR TOWN 13	d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 1527 Crooks	Road	
14. FATHER'S NAME		Middle Allan Pa	lost rker	1S. MOTHER'S MAI	DEN NAME first Sarah	Middle	Drake	N.
160. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FO	RCES? 16b. SOCIAL SEC r or dates of service) 382-54		17. INFORMANT Mr. Ral:	zemond P	ADDS \$506 Parkerwashin	Chesapeak	e St.
18. CAUSE O PART I.	DEATH WAS CAUSED	one couse per line for (o), (b),	ond (c).)	Throm.	besis.		APPROXIMATE BETWEEN ONSET	ANO DEATH
rise to imme	f ony, which gove ediote couse (o), underlying couse	DUE TO OR AS A CONSEQUE	ENCE OF	nseu/a		288-	year	5
last.)	(c)ONS CONTRIBUTING TO DEATH E	BUT NOT RELATE	D TO THE TERMINAL D	ISEASE OR CONDITION	ON GIVEN IN PART 1(o)		
190. DATE OF	21		N FOR WHICH O				20. AUTOPSY	/? NO ∑ Î
	OR CONTRIBUTING	21b. TIME OF INJURY Month, I HOUR A.M. P.M.	Doy, Yeor	21c. HOW INJURY OC	CURRED (Enter note	ure of injury in Port 1 or Port 2	?, Item 18.)	
		ACE OF INJURY (At home, form, ory, office building, etc.)	street,	21f. LOCATION Street	or R.F.D. No.	City or Town	County	Stote

Notural couses X.

220. I certify that I took charge of the remains described above, held on Autopsy , Suicide Homicide

Inspection X Undetermined monner CHIEF MEDICAL EXAMINER

Inquiry X and in my opinion

(Stote)

ACTUAL SIGNATURE **EXAMINER'S**

deoth resulted from:

John G. Ball

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 22b. DATE SIGNED-

NAME (Type) 23o. BURIAL, CREMATION

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY March 16, 196\$ Royal Oak Cemetery

Accident

23d. LOCATION (City or Town) (County) Royal Oak, Michigan

C. Glen Carter 84348 Georgia Ave 250. RECD BY REGISTRAR DATMAR 2 0 Warner E. Pumphrey, Inc. Silver Spring, Md.

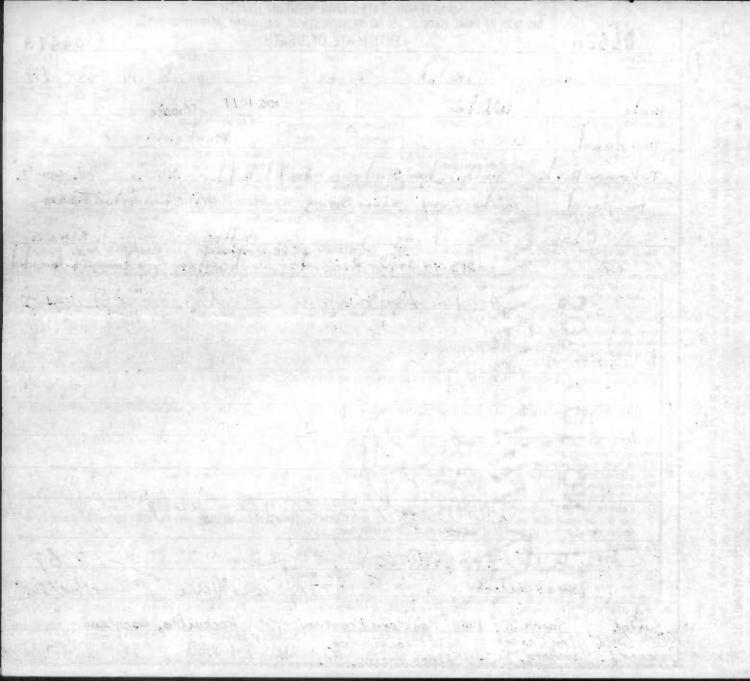
VR A15ME (5)

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	n forthe, in.		3/4 . 3 7 mus

		04426	DIVISION OF VITAL RECORD	CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	07.7.4.5
· LAN	I DI		irst Middle	Last	2g. DATE OF DEATH	2b. HOUR
death death		ype ar print)	0 1 1	^	Manth Day	Year 100
funeral er deat	3. SE		14 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
\$ 5 5 E	1	male	bulite	12-3-40	last birthday) YRS.	MONTHS DAYS HOURS MIN
300		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
E SE	cour	mary and	USA	WIDOWED DIVORCED	montgomer	- 1
in 2	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR		AL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
with with		Takoma ba	give street address	Sanitarium + Hopital	hast of working life, even if retired.)	Ped. Gov't
completely flave carban y event, with	13a.	USUAL RESIDENCE (Where de	ceased lived, if institution: Residence before	re 13c. CITY OR TOWN 13d. INSIDE CITY		1 0 1
ompound in the secure	uam	ssian) STATE and	13b. COUNTY montgomery	3.10EF OPFING	00 401 Stoning	ton Road
and and remin any	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
se i				ne li manuar de la company	mattie	Kines
sicio plea l, an		WAS DECEASED EVER IN U.S. es, na, ar unknown) (If yes s	ARMED FORCES? 16b. SOCIAL SECURIT 215-44-3		, V	1
ertificate be physician c nen please naval, and in	-				ashington Sanita	APPROXIMATE INTERVAL
it the death cei the attending p isit permit. The matian, ar rema		PART I. DEATH WAS CA	r anly ane cause per line far (a), (b), and USED BY:	Leu Komia		BETWEEN ONSET AND DEATH
dea trend rmit rmit		2070	EDIATE CAUSE (a) TUTE			2 (N TOKS
the at	122	Canditians, if any, which go	DUE TO, OR AS A CONSEOUENCE (
that t an. by the fransit cremal		rise to immediate cause (stating the underlying cau	a), (b)	OF .		
es the sicial si		last.	(c)	THE RESERVE OF THE		
S PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the haspital ar attending physician. This certificate has been signed by the attending physician and completely filled inches this certificate has been signed by the attending physician and completely filled inches. Padetached far use as the burial-transit permit. Then please remave carban papers. Page Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 thaust		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ng en sen sen sen sen sen sen sen sen sen	z	2043				
e law retending to be a seen as the prior to	CATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The aff	CERTIFI			YES NO		
IAN: The all ar at ficate ho far use Health	AL CE	21a. ACCIDENT WAS UNDER			er nature of injury in Part 1 or Part 2, I	tem 18.)
SICI spito ed f ed f af	EDIC	(If either, natify medical ex	aminer) P.M.	19	F14	Caunty State
is called	-	Assure Light Assure 1	21e. PLACE OF INJURY (OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. No	a. City ar Tawn	County State
			(this hospital) attended the dece	need from November 19	1962 to 19014914 19	68 that (I) (we) In
Aftropies of by a Street		sow the decease	olive on March 17 10	nsed from <i>Movember</i> , 19_ 19 48 , ond that in (my) (our) op the body ofter death.	pinion deoth occurred on the do	te ond hour ond from the
R ATTENI retained :ECTOR: / 3 shauld with the	Г		ove, (I) (we) (did) (did not) view to	ne body ofter deoth.		ATT CIONED
OR ATTENDIN be retained by JIRECTOR: Afte e 3 shauld be ed with the Sta		22h SIGNATURE	TO DINM		MED. STAFF	DATE SIGNED
Dige billed		22d. PHYSICIAN'S	to outen	DEGREE PHYS. 22e. ADDRESS	DIRECTOR LI PHYS. LI	-1807
RAIL Be be		NAME (Type) James	es Whitlock	77/2 Ca	and are Ale	on Part WX
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRI director, page 3 should be filed v	23a	BURIAL, CREMATION, 2	3b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 S S S S S				klawn Cemetery		uland
VR A15 (4)	24	FUNERAL CIRECTOR GLE	n Carter 8434ADDR	ESS 2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. 1/68	W	arner E. Pump		Spring Md DAMAR	2 1 1968 filler	10



Pumphrey Inc. 8434 Georgia Ave. S.S.

3-22-68 MARYLAND STATE DEPARTMENT OF HEALTH

14414 2b. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS. 12b. KIND OF BUSINESS OR Automobile Kina 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County

Charles

DATEMAR

State

VR A15 (4) 30M REV, 1/68

24. FUNERAL DIRECTOR

Long to the state of the state Selection of the Court of the C the state of the s According to the contract of t The state of the s and the first of the state of t

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Landshauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

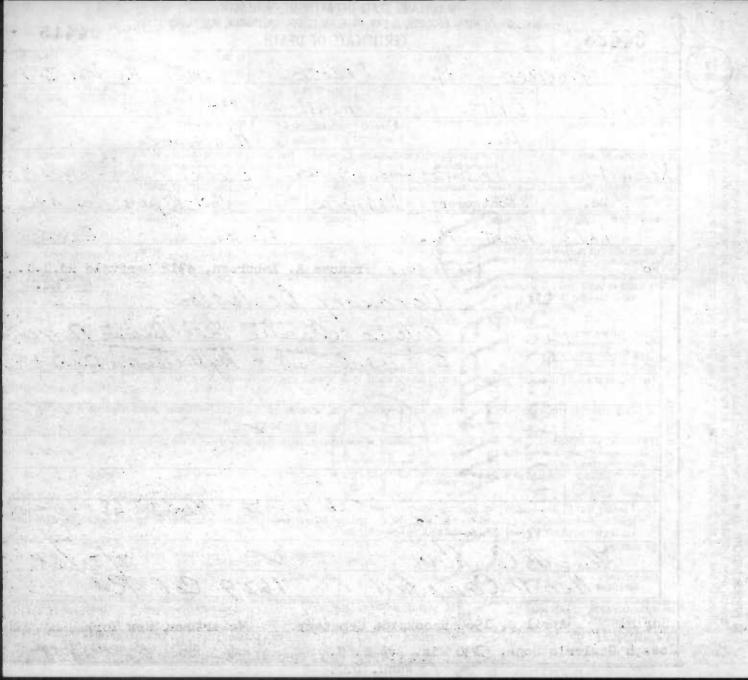
CERTIFICATE OF DEATH

04415	3	4	4	1.	5	
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1		CEASED-NAME ype or print)	First	Middle	7	Lost		2o. DATE OF	DEATH Doy	Year, _	2b. HOUR
		/.	ORENCE	1		'IERC	F		MARCH. 30	1968	3=PM
	3. SE.	-	4. RACE			S. DATE OF B	In A	10011	6. AGE (In yeors lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
		remale	Whit.	E COLINTRYO	10	Augus		COUNTY OF	83 YRS.		
H	coun	BIRTHPLACE (State or fore stry)	ign 7b. CITIZEN OF WH			NEVER MAI	RRIED 7.	Ad 1			1
	10 0	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR 1	WIDDWEI				GOMERY (Kind of work done	12b. KIND OF	Md DISSINESS OF
2	K	ensington.	give s	reet oddress)	CArden	5 Santtai	during most		life, even if retired.)	INDUSTRY	DOSINESS OK
pr)		1 1 07170	deceosed lived, if instituti			,	13d. INSIDE CITY LIMITS		REET AND NUMBER	01.	
/		Ma.	-).C 13b. COUNTY	gomery	Wash		YES NO		1- Argonne	PIACE	.N.W.
3	14. F	ATHER'S NAME First	Middle	Lost		15. MOTHER'S M	AIDEN NAME First		Middle	0	Lost
E		Loui	S LAMOTT	PIERO			Frai	100		CR	055.
		es no, or unknown)	f was mive wor or dates of service)	16b. SOCIAL SECURIT		. INFORMANT			Address		
				578-48-06		rances	A. Ambu	rsen,	4712 Mer:		
		18. CAUSE OF DEATH (I PART 1. DEATH WAS	Enter only one couse per lin	ne for (o), (b), and (c).)	4	6.	1.		BETWEEN O	MATE INTERVAL INSERIO MEATH
			IMMEDIATE CAUSE (o)	60	rou	ary	4CCI	05/	Ote	2	lus .
Z		410.0		S A CONSEQUENCE	OF .	- 12	e 0 1	- K	ais Oble	1	
Н		Conditions, if ony, which	se (o). (b)	les	leuo	scie	wie	, rec	ex wase,	10.12	4/ CR
Н		stating the underlying last.	60036	S A CONSEQUENCE C	2 6	000	1 . 5	Afr.	bestone	17	. + -
		_	(c) ANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT PELATED	TO THE TERMINA	L DISEASE OP CON	DITION GIVE	I IN PAPT 1/a)	of lary	41
		140	ANT CONDITIONS CONTRIBO	IIIIO TO DEATH BOT	NOT KEDSTED	TO THE TERMINA	IL DISEASE OR COR	DITION GIVE	THE FART TO		
	VION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS	PERFORMED	20a. AUTO	PSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
2	CERTIFICATION					YES	NO L	CAUSES	OF DEATH?		
		21o. ACCIDENT WAS UN				HOW INJURY OC	CURRED (Enter no	oture of injur	y in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M. I exominer) P.M.	Month Doy Ye	or 19						
	ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET,		LOCATION Stre	et or R.F.D. No.	City	or Town	County	Stote
		While Not while at work									
		22a. I certify that	(I) (this hospital) atte	ended the deced	sed fram_	tel- 1	1953	Z, to_/	14 pel 30, 19.	6 , that	
		saw the deced	ased alive an	(did not) view th	_1% <u>e_8</u> _, a	nd that in (m	ry) (our) opinio	an death a	iccurred an the da	te and haur	and fram the
	М	22b. SIGNATURE	abave, (i) (we) (ala)	A A	e budy une	i dedili.			22c.	DATE SIGNED	,
		Hie	Le A Com	hlelle	DE	GREE PHYS.		CTOR	STAFF PHYS.	3/301	60
1		22d. PHYSICIAN'S	0	1	1 11	22e. ADI	DRESS		001	21	
	10	NAME (Type)	e11 / C	amp 2	2661		162	9	Col. /	-4.	
	23o.	BURIAL, CREMATION,	23b. DATE			R CREMATORY		23d. LOCATIO	ON (City or Town)	(County)	(Stote)
	_	PEMOVAL (Specify)	April 4, 1	968 Brook		Cemeter		Water	town, New		
		FUNERAL DIRECTOR	mla Com - C	ADDRE		7.7	2So. REC'D BY F	REGISTRAR	2Sb. REGISTRAR'S		udar.
	70	sebu gamie	r's Sons, 5	TOU MIS.	Ave N	• W •	DATE API	35	1968 year	-rus x	

Wash. D.C.

VR A15 (4) 30M REV, 1/68



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04416

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12b. KIND OF BUSINESS OR

Month

Day 15

Day

Yeor

INDUSTRY

Box 515

MAIDEN NAME FIIST	Middle	Last
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REITZEL RTFI	ADDRESS BOX	515
Sin	Psonvilla	mrd
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emonkage	-	Sudden.
ito acciden	7	
DISEASE OR CONDITION GIVEN I	N PART 1(a)	
		20. AUTOPSY?
		YES NO
OCCURRED (Enter nature of injur	v in Port 1 or Port 2 Ite	and the
et or R.F.D. No. City	or Town	County Stote
er in to on come er or R.F.D. No. City wille Shopping Con	In Butonin	le Montgora Med
topsy 🔀 Inspection	Inquiry	and in my opinion
Homicide, Unde		
HIEF MEDICAL EXAMINER		
SSISTANT MEDICAL EXAMINER	22b. DATE S	SIGNED
EPUTY MEDICAL EXAMINER 💆	_3,	116/68
DDRESS(Street, city, tawn, ar cau	ınty)	
23d. LOCATION	(City ar Tawn)	(County) (State)
ITRY Wood	AWK, BA	To Md
25d REC'D BY REGISTRAR DATE MAR 2 1	A 25b. REGISTRAR'S S	IGNATORI
DATE MAIN & 1		
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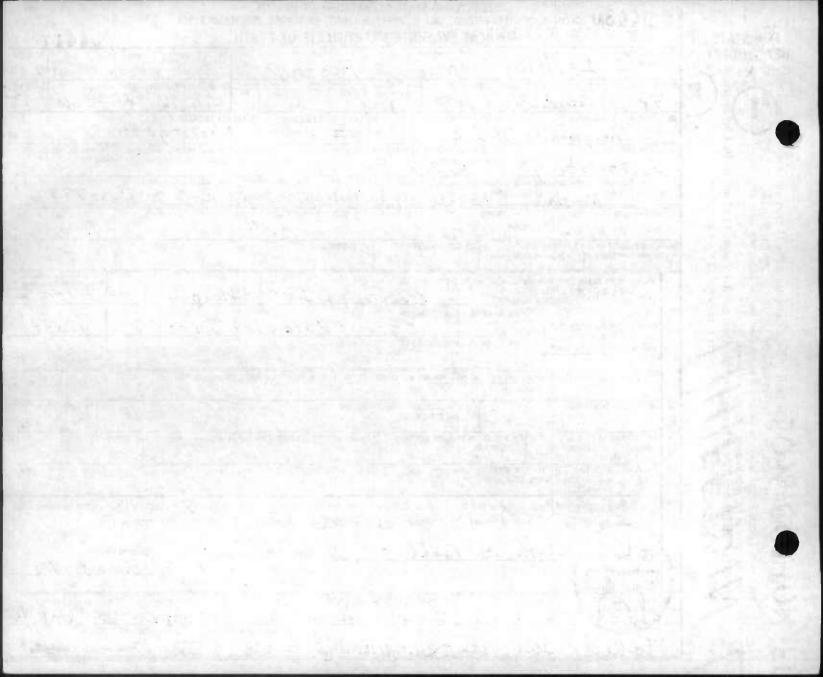
VR A15ME (5) 10M REV. 1/68 FUNERAL DIRECTOR

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Home

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
T FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4417
HEALTH DEPT.	1%	vpe or Print) / // OF FCTI-	Day Year 2b. HOUR
Page 13 to	X	FINAL MOTH	-8. 1968 ZAM
	3. S	4. RACE S. DATE OF BIRTH - 6. AGE (In years list whole 1 year list under 1 year list under 24 Hrs. 2c. DATE PRONOUNCED DEAD Months Days Hours Min. Days	Year 1968 7 3 M
2, and de	70.	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1700 17 11
	COUR	Maryland W.S. A WIDOWED DIVORCED Nontgomes	ry Mc
			2b. KIND OF BUSINESS OR NDUSTRY
ive Fire F	_	Gaithers borg give street address): 2 - Box - 229 during most of working life, even if retired.) USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR, TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
of Signature		dission) STATE Marylone (13b. COUNTY Mont 4 onzery & 2 ith eps bory yes \ no \ Persta 2. 130	x 229
haurs Item 18 Office of	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
r's r's		Eliza Geth -	Rig95
hin ncil nine pag		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ed wit in pe il Exan Il Exan I. File iin 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COFODZ TY FOS US ficency	acute -
be executed "pending" in nief Medical E.		DUE TO, OR AS A CONSEQUENCE OF	
d be Chier rans	13	Canditions, if any, which gave rise to immediate couse (a), (b) Cardio Vasewlar Disease.	Years
s certificate shauld be e e, writing the ward "per farwarded ta the Chief I b used as a burial-transit emaval, and in any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate she v g the v ed ta th		(c)	
ficat ing ded as c as c		4001	
certifi arwar used mava	ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing ate, writing to farward be used a remayal,	CERTIFICATION	WAS PERFORMED?	YES NO X
担 平 。	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 210. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	n 18.)
S = 2 = S	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
bical Examiner: please execute the cert directar. Page 4 shaule retained far your files. DIRECTOR: Page 3 shoule or ta burial, crematian,		WHILE NOT WHILE at WORK AT WORK AT WORK	
ICAL E. executor page ed far CTOR: Purial,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,	and in my opinian
lease exterior director.		death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗍	
direction of the state of the s		ACTUAL O. 6 B. 8 CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTRACTOR	
TY, peral	1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22D. DATE SI	0
TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or caunty)	d. 8, 1968 -
nece the the 5 mc	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (State)
Q	_	By Ria1 3-11-68 Brooke Grove Cem Laytonsul	le Montanz
NO ATELIEVE!	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	SNATURE
VR A15ME (5) 10M REV. 1/68		Dohert to showten tock ville in d. DATE MAR 12 1988 yours	les judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04418

1 [ECEASED-NAME	Circo	Middle	alast	20	. DATE OF DEATH		Tak HOUR
	Type ar print)	X VX Z	middle	Lusi	1/.	Manth Da	у Уеог	2b. HOUR
	()	XXXXX	anne Ja	Via	ha	3 8	68	8LD A.M
3. 5	EX	4. RACE		S. DATE OF	BIRTH	6. AGE (In years lost birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN
	F	W			10/15/82	YRS.	MORITS ONTS	HOUKS MIN
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY? B. N	MARRIED NEVER N	APPIED 9. CO	OUNTY OF DEATH		
COL	intry) 7	110			ORCED	Mr. of me		44.1
10	CITY OR TOWN OF DEATH	2 II NA	ME OF HOSPITAL OR INSTITUT	The same of the sa	the same of	CUPATION (Kind of work done	12b, KIND OF B	Md.
10.	D 1	give st	reel address)	a A	during mast af	warking life, even if retired.)	INDUSTRY	INZINEZZ OK
_	Dockerel	le 1	Talmond (n	eller Thea	Name 1	dousewite	Ownk	lone
130	. USUAL RESIDENCE (Where d	leceosed lived, if institution	on: Residence befare 13c.	CITY OR TOWN /	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
aan	nission) STATE Maryl	and 13b. COUNTY M	ontoomery S	Silver Sp.	YES NO	8413 - 11th A	venue	
14.	FATHER'S NAME First	Middle	Last		MAIDEN NAME First	Middle	CIWIU.	Lost
1111								2031
1/	Unknown L WAS DECEASED EVER IN U.S	ADMED CODCECO	16b. SOCIAL SECURITY NO.	17. INFORMANT	ah Burrus	1 1111		
100		s give war or dates of service)		/3	, 841,3	- Elth Hoersige		
	140		577-16-7680	Mary C	ouch ow	er opring, "d.		
	18. CAUSE OF DEATH (Ent		e far (a), (b), and (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS C	AUSED BY:	Circh	1 2	12.06		46	7.
	433.9	MEDIATE CAUSE (a)	Cour	n my	- my con		100	-col
	Conditions, if ony, which o		A CONSEQUENCE OF	0 0	/		110	/
	rise ta immediate cause	(a) (b)	Ceru	y the	umbon	<u> </u>	700	٠, رب
	stoting the underlying co		A CONSEQUENCE OF	1.			1	
	last.	(c)	arten	oscler	220		1/7	v
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)	0	
-	332.V C	remong	al 13/	01	, seen	dan Und	me,	
CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFOR	MFD 20g Al	TOPSY?	20b. UF-YES, WERE FINDINGS (RTIFYING
A S	170. DATE OF OFERATION	176. COMBINION TOK WITH	THE THE TEN ON			CAUSES OF DEATH?	ONSIDERED IN CER	VIII TINO
F				YES				
	210. ACCIDENT WAS UNDE		INJURY Manth Doy Year	21c. HOW INJURY	OCCURRED (Enter natu	re af injury in Part 1 or Part 2,	Item IB.)	
MEDICAL	(If either, natify medical e	exominer) P.M.	Manin Doy 1601					
ME	214 INTUDY OCCUPAND	21e. PLACE OF INJURY /	AT HOME, FARM, STREET, FACTORY.	21f. LOCATION S	reet ar R.F.D. No.	City or Town	County	State
	While Nat while at work	'	OFFICE BUILDING, ETC.					
	220. I certify that (I	\ /this hospital\ atta	adad the deceased fo	- //	11,1968	to 3/1 0/ 10	GF, that	(1) () loot
	sow the decess	od olive on	lued line deceased in	and that in	my) (our) opinion	deoth occurred on the do	to and hour a	(I) (we) lost
	couses stated a	have (1) (we) (did) (did not) view the body	ofter death	my) (our) opinion	deoin occurred on the de	ne ona noor o	na nom me
	22b. SIGNATURE		- / / / / / / / / / / / / / / / / / / /	<u> </u>		220	DATE SIGNED/	1
١,	M	4/) 1	1 2	DEGREE PHYS	DING MED	C STAFF	2/0	1/6
	and numerical	Mrs. h.	pries "	11175	DIRECTO	OR L PHYS. L	2/0/	G
	22d. PHYSICIAN'S NAME (Type)	, 6/			DDRESS	11 1 1 1 1	IM	,
	37	ephen Yon	es	180			ille, 110	La.
230	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d	I. LOCATION (City or Town)	(County)	(Stote)
Da	REMOVAL (Specify)	March 8, 19	68 Hickman	Cemetery		Hickman, Kentu	cku	
23	PLINERAL DIRECTOR	Glen Cartes			2Sa. REC'D BY REG			
0	Warner E. Pu	mphrey, Inc	Silver Si	erina. Md		and II	well pare	7
		1	OLWER OF	rina. Ia	DAIE WAN	1 1040 //	64	2

VR A15 (4) 30M REV. 1/

Pages 1 and 2

filled in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death

The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04419

04432

CERTIFICATE OF DEATH

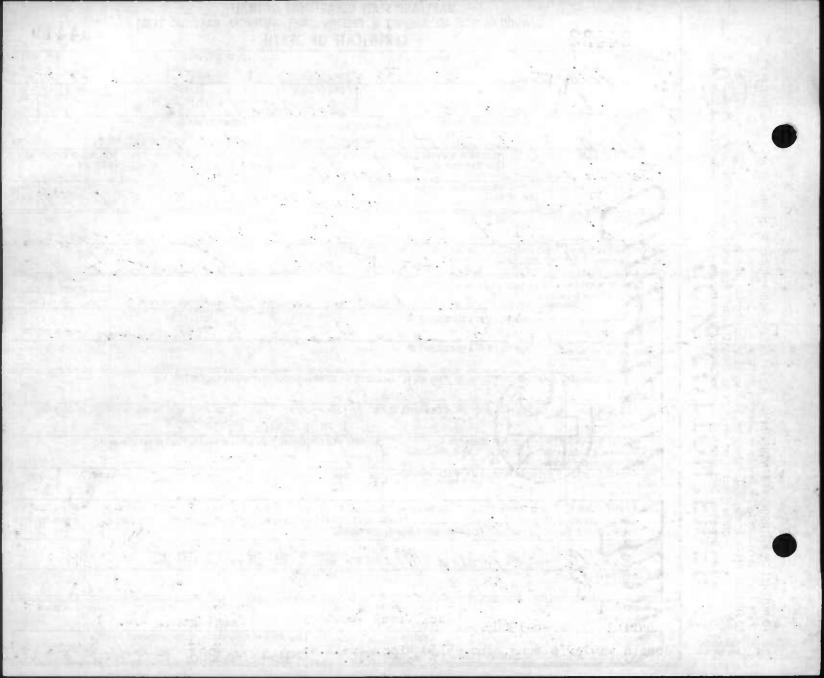
	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR-
1	(Type or print) Mertie 57. Tresler March Doy 3 Year 8 6-3 M
3. 5	SEX , 4. RACE , S. DATE OF BIRTH , 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
L,	Comple white. 2/17/1887 last bir day) YRS. MONTHS DAYS HOURS MIN.
76.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
cau	untry)
10	
IV.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 120. USUAL OCCUPATION (Kind of wark done during most of warking like wen if retized.) NDUSTRY
	Dethesan Supertine / enche!
	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
udil	111551011) STATE / C. 13B. COUNTY VIJESHINGEN YES NO 22/3-38/4.57.71, W.
14.	FATHER'S NAME First Middle Jost / IS. MODIFIER'S MAIDEN NAME First Middle Lost
	Minified Stable Tdz May That the
160	a. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. , 17_INFORMANT] Address
	Yes, no or waknown) (11/65 give wor or dotes of service) STA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	Approximate instruction
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (6) Decata Bulano reary Chama phain
	485 X DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gave) (b) Bilateral Ba and internering / Weeks
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	last. (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	11.16
NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
R	CANCEL OF DEATHO
CERTIFIC	YES NO S
IL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer noture of injury in Part 1 or Port 2, Item 18.)
DIC	If either, notify medical examiner) P.M. 19
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	While Not while Office Building, ETC.
	22a. I certify that (I) (this hospital) attended the deceased from 2-29, 1968, ta 3-3, 1948, that (I) (we) last
	saw the deceased alive an 3-3 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the
	causes stated above, (I) (we) (did) (dideat) view the bady after death.
	22b. SIGNATURE 22c. DATE SIGNED
	P. P. Clas Mouse M. DEGREE PHYS. DIRECTOR DIRECT
	22d. PHYSICIAN'S TO TO THE TOTAL STATE OF THE STATE OF TH
	NAME (Type) F. F. ANDREWS M.D. Washington W.C.
22-	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) (County) (State)
230	PEMOVAL (Specify)
24	Burial 12-0-1900
	ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE JOSEPH Gawler's Sons, Inc. 5130, Wisc. Ave. N. W. ANDRESS 250. REGISTRAR'S SIGNATURE
	LOSCINI ANATOI O MONDO THOS LINGS LANGUED O TOTAL O TOTAL OF THE STATE

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH

04433

04420

		CEASED-NAME ype or print) Firs		Middle	P	Lost	2a. DATE C	OF DEATH Month	Day Year	2b. HOUR.		
	3. SE	ype or print) Char	4. RACE	C. ,	Kam	DATE OF BIRTH		A AGE (In years	IF UNDER 1 YEAR	IF LINDER 24 HRS.		
		m	" MACE		3.	5-29-	1886	6. AGE (In years last birthday)	YRS. MONTHS DAY			
	7a. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT C		-	NEVER MARRIED	9. COUNTY O	, ,				
		West Ya.	11.3		VIDOWED _	DIVORCED [ontgon		Md.		
7	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) 12. INDUSTRY 12. INDUSTRY											
		3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13% CITY OR TOWN / 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER										
5	aamı	ission) STATE md.	13b. COUNTY MO	nt. E	barn esu	ille YES N	o'⊠					
1	14. F	ATHER'S NAME First	Middle	Last	IS. M	OTHER'S MAIDEN NAME	First	Middle	0	Lost		
		yn	Known	·		Ynkn	own	/				
	16o. Y	WAS DECEASED EVER IN U.S. Al	RMED FORCES? e war or dates of service)	SOCIAL SECURITY NO.	17. INFO	Irs. Edna	Ram	sey Do	v.nessire	ele me		
		18. CAUSE OF DEATH (Enter				1	01	. /	APPR BETWEE	OXIMATE INTERVAL N ONSET AND DEATH		
ī		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	ardio	rase	ular Es	Maj	256	im	med		
H		41 d. 7 DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, which gave rise to immediate cause (a). (b) pulsamonia										
		stoting the underlying couse last. (c) DUE TO, OR AS A CONSEQUENCE OF										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	7	cerceval thrombosis										
	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH C	PERATION WAS PERFO	RMED	2Do. AUTOPSY?	IF YES, WERE FINDIN	IGS CONSIDERED IN	CERTIFYING			
X	RTIFIC					YES NO	CAUS	ES OF DEATH?				
		21a. ACCIDENT WAS UNDERLY		JRY onth Day Year	21c. HOW	INJURY OCCURRED (Ente	er nature of in	jury in Part 1 or Par	rt 2, Item 18.)			
	MEDICAL	(If either, notify medical exar	miner) P.M.	19								
	M	21d. INJURY OCCURRED 21 While Not while	e. PLACE OF INJURY (AT H	OME, FARM, STREET, FACTOR TE BUILDING, ETC.	(.) 21f. LOCAT	TION Street at R.F.D. No	o. Cit	ty or Town	County	State		
	-8	at wark at wark	AL: L: X-IV A	d New Japan	100	2006 / 10	d Van	marah.	140 68 44	at (I) (we) last		
	-0	22a. I certify that (1) (1)	alive on	ed ine deceased	and t	nat in(my) (aur) ap	inian death	occurred on the	e date and hau	or and fram the		
		causes stated aba	ve. (1) (we) (did) (did	not) view the ba	dy after dec	th.						
		226. SIGNATURE	When.	4	1.11	AFTENDING 1	MED.	STAFF	22c. DATE SIGNED	3/18/68		
	/	22d. PHYSICIAN'S	Course	anican	e vyska	22e. ADDRESS	DIRECTOR L	PHYS.	Kock	alle Mil		
(MAME (Type)	tred Ki	Etim	anka	VE 1/12	25 K	ocku	le Pike	<u>é</u>		
	23a.	Description to 15 3	D. DATE	23c NAME OF CEN	()	nature .	23d. LOCAT	ION (City or Town)	(County)	(State)		
1	24	FUNERAL DIRECTOR	3/20/68	ADDRESS	trest	yterian DEC'D	BY REGISTRAR	Joyds DECISTE	PAR'S SIGNATURE	4.18/0		
3	24.	2/ AD- 2	07/	BALLESS	:080	ARE 2	1 1968	files KEGISTI		4		

death. 24 hours ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove corpor-pages. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04421

	Ype or Print	Middle		Lost			Doy Yeor 2b. HOUR		
(1	Sarah	E	7	aW/ins		DEATH MATED NOT	1. 1968 2 DI		
3. SE	X 4. RACE		E (In years IF birthday) MONT		DER 24 HRS	2c. DATE PRONOUNCED DEAD	2d HOUR		
	Fe. W.	(1). /7 /9	56 YRS.	HS DATS HOURS	MIN.	Month Day	Yeor 1968 4 51		
7o. B	SIRTHPLACE (State or foreign 7b.		8. MARRIED	NEVER MARRIED	9. COU	INTY OF DEATH			
count	Men Jersey	71.5 A.	WIDOWED	DIVORCED		Montgomes	- 4 N		
1D. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	NSTITUTION (If no			CCUPATION (Kind of work done	126. KIND OF BUSINESS OR		
1	Bethesde.	give street oddress) A	Uguste	Lane dur	ring mast a	f working life, even if retired.)	INDUSTRY		
130.	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	136 CITY OR TO	OWN 13d. INSIDE C	ITY LIMITS?	13e. STREET AND NUMBER	1		
od	Imission) STATE ME	13b. COUNTY Montgomery	Bet	hesde YES [X	NO 🗆	5800 Augu.	sta lane.		
14. F/	ATHER'S NAME First	Middle Lost	15. /	NOTHER'S MAIDEN NA	ME First	Middle	Lost		
	Thomas	J. Buche	DAG		?				
	WAS DECEASED EVER IN U.S. ARMED FOR	ICES? 16b. SOCIAL SECURITY N		ORMANT		ADDRESS			
(Ye	es, no, ar unknown) (If yes give war	or dates of service)	Ed	lwin F. I	Rawl	ins above (11)		
	18 CALISE OF DEATH (Enter only o	one cause per line for (o), (b), and (c).		16.0			APPROXIMATE INTERVAL		
	PART I. DEATH WAS CAUSED B'	ng	GETWEEN ONSET AND DEATH						
	1874 IMMEDIATE	377777							
- 1	Conditions, if ony, which gove	5M1:47-							
	rise to immediate couse (a),								
	stoting the underlying cause lost.								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
NO	19o. DATE OF OPERATION	20. AUTOPSY?							
CERTIFICATION	9291	YES DE NO T							
ER	21o. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, Doy, Yeo	21c HC	W INJURY OCCURRED	(Enter note	re of injury in Part 1 or Port 2, Ite			
MEDICAL	PRIMARY OR CONTRIBUTING	win and							
VEC	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE	P.M. 19 CE OF INJURY (At home, form, street,		ATION Street or R.F.D.		City or Town	County Stote		
		ry, office building, etc.)	211, 201	ATION SHEET OF K.I.D.	NO.	City of Town	count		
-		Mome			9 .	a-21			
		k charge of the remoins describe				spection 🔯, Inquiry 🛭			
	death resulted tram:	Natural causes, Acciden	t XI, Sui	cide, Homi	icide,	, Undetermined manner			
	ACTUAL OF	m B. Ball		CHIEF MEDIC					
	SIGNATURE	mo. Dace		m.v.		AMINER 22b. DATE S	Λ		
	EXAMINER'S	n C Poll		DEPUTY MED			rek 2, 1968		
22-		n G. Ball	CEMETERY CO.			wn, or county)	<i>W</i>		
	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	0-44	CEMETERY OR C	REMATORY Nat'l. (LOCATION (City or Town)			
	Burial 13,	7790				Gettysburg	, reilia.		
De	sweet merally	2 / 1 4 /	22 Wis	c. Aveo.R	FCD BA KE	GISTRAR 25b. REGISTRAR'S S	as Judge.		
	OTI WOIVI WE	Un Washington	n. D.	C. DATM	AK	1000	()		

NAME OF THE PARTY
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A	1	04435		CE	RTIFICA	TE OF DEAT	Н			03.	400	
14		ECEASED-NAME First		Middle	0	los Ridgway	2a.	DATE OF DEATH		v	2b. HOUR	
7	(1	ype or print) Mar	ant	W.	Ke	da wou	/	Bases	Say	1968	100 PM	
3	. SE	x/) //	4. RACE	1 20.	5.	DATE IF BIRTH		6. AGE (In y	ears	IF MINDER 1 YEAR	IF UNDER 24 HRS.	
	Y	lemale	wh	eto		14 DEC	-189	12 last birtho	YRS.	MONTHS DAYS	HOURS MIN	
7	g/ E	BIRTHPLACE (State or foreign 7b.	CITIZEN OF WHAT	COUNTRY? B	MARRIED [NEVER MARRIED	9. COU	INTY OF DEATH				
ľ	POUL	New York	NS H		WIDOWED	DIVORCED X		Minny	en	ry	Md.	
0	0. C	Sitheda	11. NAME give stree	OF HOSPITAL OR INSTIT	TUTION (If not)	n haspital 120. I	g most of v	JPATION (Kind of Yor working life, even if r	k dane etired.)	b. KIND OF INDUSTRY	BUSINESS OR	
		USUAL RESIDENCE (Where deceosed ission) STATE	lived, if institution: 13b. COUNTY	Residence befare	3c. CITY OR TO	WN 13d. INSIDE O	- Carlotte	Crany S	MBER Staff	Here -	6300	
31	4. F	FATHER'S NAME FIRST ALEXANDER	Middle	WILSO		OTHER'S MAIDEN NAM	AE First	IF N	liddle	110	Last	
-	160	WAS DECEASED EVER IN U.S. ARMED	EUBLESS TIPP	SOCIAL SECURITY NO.		ORMANT T	070	^ (Ideas (1)	rariotto	CHILL	
		es, na, or unknawn) (If yes give war or		61-42-5		DAUGHT	ER-1	IRGINIA (Armen a	VFORD	Va	
		18. CAUSE OF DEATH (Enter only o		or (o), (b), ond (c).)							MATE INTERVAL NSET AND DEATH	
1		PART I. DEATH WAS CAUSED BY	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration gastric contents									
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Canditions, if ony, which gove rise to immediate cause (a).										
1		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
1		last. 5 4 6 (c)										
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
4	NO.	Associated			ODMED	an- Alltoneva		TOOL IF MEE WEDE EI	NDINGS COL	MCIDEDED IN CE	EDTIEVING	
1	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDII CAUSES OF DEATH?							NDINGS COI	NGS CONSIDERED IN CERTIFTING		
1	-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ		21c. HOW		Enter nature	e of injury in Port 1 a	Part 2, Ite	em 18.)		
	MEDICAL	OR CONTRIBUTING (AUSE OF DEATH (If either, natify medical exominer)		lanth Doy Year								
		21d. INJURY OCCURRED 21e. PLA While Nat while	CE OF INITIRY LATE		RY.) 21f. LOCA	TION Street ar R.F.D.	. Na.	City ar Tawn		County	Stote	
		ot wark ot work 22a certify that (1) (this	ecnitati attendo	ed the deceased	from 1	9631	9	ta / MAN	2 19	6 & that	(I) (we) last	
		saw the deceased glive an 6 MAR 1968, and that in (my) (and opinion death occurred an the date and have and from the										
		causes stated abave. [causes stated above. (1) (we) (did) (did nat) view the body after death.									
		Madel	22b. SIGNATURE ATTENDING ATTENDING DIRECTOR STAFF PHYS. 22c. DATE SIGNED									
		22d. PHYSICIAN'S NAME (Type) WAL	TER	GOOZ	H MI	22e. ADDRESS 2309	SHO	REFIEL	D	RD W	MP	
	230.	BURIAL, CREMATION, 23b. DAT		23c. NAME OF CE	METERY OR CR	EMATORY	23d.	LOCATION (City or To	wn)	(Caunty)	(Stote)	
			9-1968	Kenseco	Cemet			enseco. N.	Y.			
	24.	FUNERAL DIRECTOR JOSEPH Gawl 130 Wisc. Ave. N.	er's Son	ADDRESS INC.		2Sa. REC	D BY REGIS	STRAR 25b. REG	GISTRAR'S S	IGNATURE O	udala	
	5	130 Wisc. Ave.N.	W. Wash.	D.C.		DATE	MAIN.	1 9 1900	1			

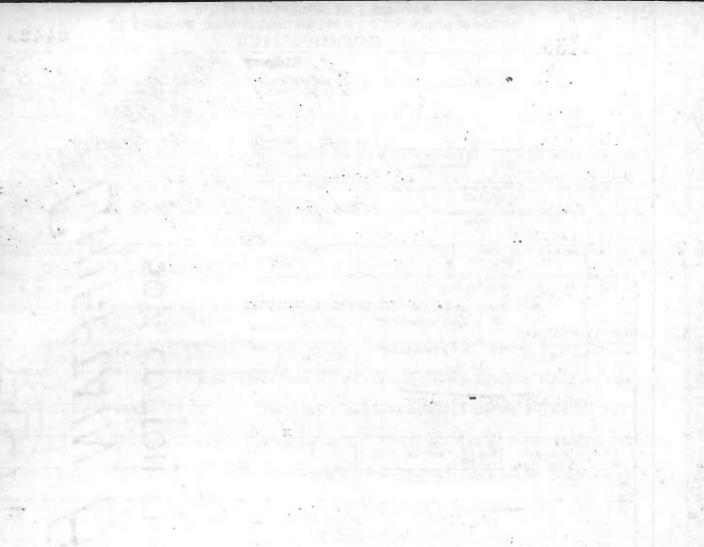
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it by the Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

1 and 2

after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss

Page 4 may be retained by the haspital ar attending physician.



. C. L. Moder, P. L. Land and Land C.

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	日を至るり	C	ERTIFICA	TE OF DEATH			04	424		
	DECEASED-NAME (Type or print) Arman			Lost	20. DATE OF	Month 25 Doy		2b. HOUR		
3.	Mala 4. RACE	white	S.	DATE OF 81RTH	8	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN.		
CO	untry) Italy 11.	S. A.	WIDOWED _	MEVER MARRIED		tgomery		Md		
5	city or town of beath	11. NAME OF HOSPITAL OR INST	s Hos	pital during m	Bar be		12b. KIND OF E INDUSTRY			
odi		ounty Georges	Hyatts,	Md YES ON	00 6	REET AND NUMBER 406 - 86	th Au	e		
14.	FATHER'S NAME First 1	Middle Lost Ridaldi			First Lizabet			lost		
16	o. WAS DECEASED EVER IN U.S. ARMED FORCE: Yes, ng, or unknown) (If yestguye, war of digres of			este L. Rid		406 - Address + 1	ton Md			
	18. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	BETWEEN ON	ATE INTERVAL ISEY AND DEATH							
è		TO, OR AS A CONSEQUENCE OF (b) Subarachus	id he	morrhage	due 7	6				
	stoting the underlying couse									
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CEPTIFICATION	196. DATE OF OPERATION 196. CONDITION	I FOR WHICH OPERATION WAS PERI				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL CE	OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	TIME OF INJURY UR A.M. Month Doy Yeor P.M. 19		INJURY OCCURRED (Ent		ry in Port 1 or Port 2,	Item 18.)	ech.		
AAE	21d. INJURY OCCURRED 21e. PLACE OF While of work of work	INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	2 0	10.	3-25 10	County	Stote		
	22a. I certify that (I) (this hospit saw the deceased alive an_ causes stated abave, (I) (we	ate and haur o	(I) (we) las and fram the							
	22b. SIGNATURE	Vfzerela	DEGREE		MED. DIRECTOR		DATE SIGNED	68		
		A. FITZGER			U BLUE			nd.		
3	o. BURIAL, CREMATION, REMOVAL (Specify) March 2	23c. NAME OF C	Lincoln	Cemetery	Princ	ON (City or Town)		(Stote)		
24	Janner E. Dunghrey	gater 843 ADDRESSO	rgia Au	2So. REC'D DATE	BY REGISTRAR	1968 REGISTRAR'S	S SIGNATURE	segar.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages T and 3 should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death VR A15 (4) 30M REV. 1/68

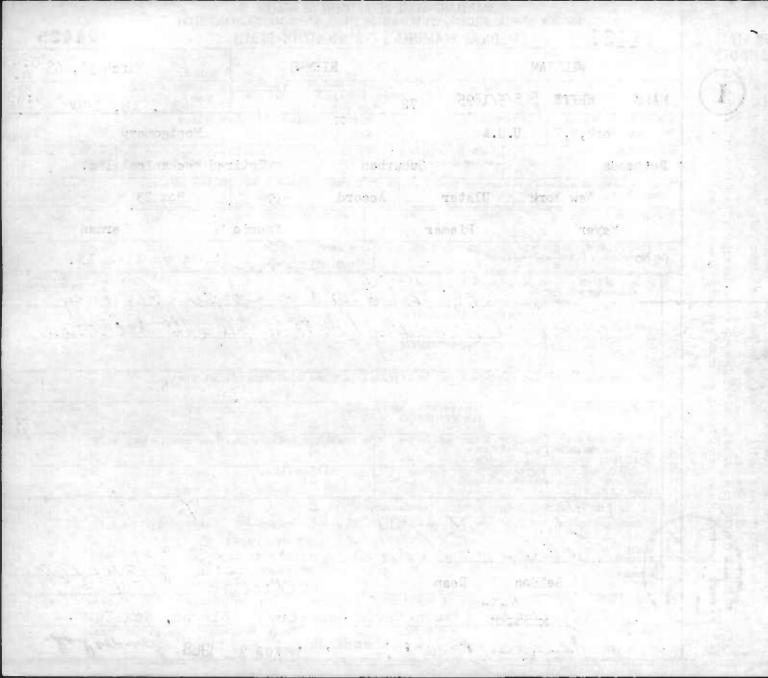
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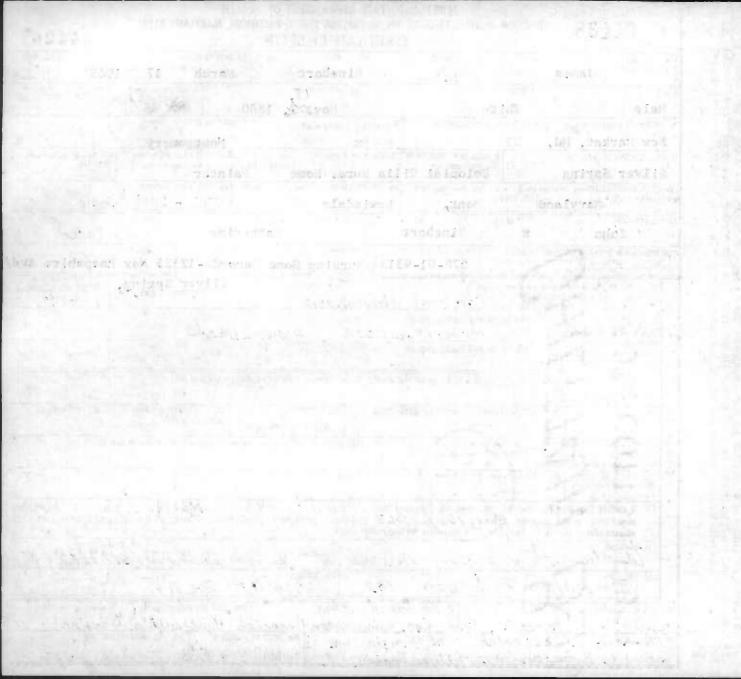
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.

04436

the said of the sa In the second se Bonney to Hyunder - I Farth ExOMED A TITESPERMED 20 HOW PLATE E. SE ST. JAMES 36 St. 16
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Middle First Last 2g. DATE KNOWN Day Year (Type ar Print) WILLIAM RIEMER March 31,,68 , delay is and 3 ta to Page DEATH MATED S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 8/5/1895 MALE WHITE YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) New York, N. Y U.S.A Montgomery WIDOWED DIVORCED [in Item 18. Give Pages 10. CITY OR TOWN OF DEATH haurs after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Suburban durinRectionedinMechanited1 Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER I and 2 with New York 3b. COUNTYUIster admission) STATE Box 23 Accord YES NO after Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Meyer Riemer Fannie Berman the Chief Medical Examiner's pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wife **ADDRESS** pencil be executed within Same as Item 13. (Yes, Mor unknown) (If yes give war or dates af service) Eva Riemer File .⊑ APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH burial-transit permit. PART I. DEATH WAS CAUSED BY 'pending' IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any which gave rise to immediate cause (a), certificate shauld writing the ward stating the underlying cause . 🗆 farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 ds removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [be 4 shauld be 21 a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. Na. City or Town State County may be retained far yaur FUNERAL DIRECTOR: Page factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian the funeral directar. Natural causes Suicide deoth resulted from: Accident Homicide Underermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE DEPUTY 5 may b ro FUNER Health **EXAMINER'S** Belden Reap NAME (Type) county 23a. BURIAL, CREMATION, 23b. DATE 4-3-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Removal (Specify)
Removal Beth David Cemetery Elmont. New York. 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNAT Bethesda, Md Clerybo VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04438 04426 CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle deoth. 20 Month 17 funeral (Type or print) 1968° March James Rinehart M. 6. AGE (In years lost birthdoy) 8 S. DATE OF BIRTH IF UNDER 24 HRS. 4 RACE IF UNDER 1 YEAR within 72 hours after 3. SEX Male White Nov XXX 1880 haurs 2 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED New Market, Md. the ottending physicion and completely filled in sit permit. Then please remove carbon popers. WIDOWED DIVORCED | Montgomery 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY Villa Nurs. Home Silver Spring and in ony event, 130, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 20th Avenue Marvland -Mont. Lewisdale Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost John Rinehart Katherine Eader 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) 578-01-9313 Nursing Home Records-12325 New Hampshire Ave or remayol, Silver Spring, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: thrombosis erehral men IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF generalized signed by the burial-tronsit p Conditions, if ony, which gove) rterio sclerosis rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the O FUNERAL DIRECTOR: After this certificate has been 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.\ 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while of work State MRF17, 1968, that (1) (we) last 22a. I certify that (1) (this haspital) attended the deceased fram 7-e.b saw the deceased alive on Mar 16 __19 68, and that in (my) (our) apinion death accurred an the date and hour and from the should I couses stated obove, (1) (we) (did) (did not) view the bady after death. 22b STGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 230. BURIAL, CREMATION REMOVAL (Specify) Geo. Washington Memorial Huattsville, "aryland 2434ADDRESSorgia 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wen Carter VR A15 (4) 30M REV. 1/68 Silver Soring



10M REV. 1/68

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17		Coroner		AND STATE DEPART				
-	-	02.	DIVISION OF VITAL RECOR	CERTIFICATE OF		DRE, MARYLAND 21201	04428	
IVI)	I. DE	CEASED-NAME First	Middle		Lock On DATE OF DEATH			
deat		YPSTSTER M.Ger	nerosa C.S.C	· (ROAC	che)	Manth 3 Do	Yeor GF 3.30PM	
ter	3. SE	X	4. RACE	S. DATE OF		6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
	F	emale	White	3/3	29/1894	last-highday) YRS.	MONINS DATS HOURS MIN.	
	7a. E cour	IRTHPLACE (State or fareign try) NEW YORK	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MA	ARRIED 9. (Montgomery	Md	
68		TY OR TOWN OF DEATH Silver Spring	give street address)	R INSTITUTION (If not in haspital	during most	OCCUPATION (Kind of work done of working life, even if retired.) —Sister	12b. KIND OF BUSINESS OR INDUSTRY	
15	13a.	USUAL RESIDENCE (Where deceasesion) STATE Maryland	Holy Cros sed lived, if institution: Residence bef 13b COUNTY Ontgomery	re 13c diy OR TOWN Kensington	Clergy 13d. INSIDE CITY DIMITS		nore Ave.	
1		ATHER'S NAME First	Middle La:		MAIDEN NAME First	Middle	Lost	
- /		JAMES	J. ROC		M	ARY	HAGGERTY	
	16a. Y	WAS DECEASED EVER IN U.S. ARA es, No unknown) (If yes give w	MED FORCES? war or dates of service)	ITY NO. 17. INFORMANT	HOSP	Address RECO	RDS	
		18. CAUSE OF DEATH (Enter on	nly one couse per line far (a), (b), and	((),)	1	Me La Villa	APPROXIMATE INTERVAL BETWEEN ONSET AND/DEATH	
		PART I. DEATH WAS CAUSEI	D BY: ATE CAUSE (0)	du are	ect		1 hrs	
cremarian,		410,9	DUE TO, OR AS A CONSEQUENCE	OF/ n T			14	
	3	Canditians, if ony, which gave rise to immediate couse (a),	(b)		,		IM.	
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	Of On ferrosc	lus	5	10-72	
		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	DEL MAR DISEASE ORCONE	DITION GIVEN IN PART 1(o)		
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED 200. AUT	TOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	
2	RTIFIC			YES	NO D	CAUSES OF DEATH?		
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical exami	TH HOUR A.M. Month Day Y		CCURRED (Enter no	sture of injury in Part 1 ar Port 2,	. Item 18.)	
E	ME	21d. INJURY OCCURRED 21e. While Nat while at work	. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, EACTORY,) 21f. LOCATION Str	eet ar R.F.D. No.	City ar Tawn	Caunty State	
		22a. I certify that (I) (the saw the deceased a causes stated above	nis haspital) attended the deco alive an	osed from 2/ 19 2, and that in (r	my) (our) apinia	L, ta 3/20, 19 an death accurred an the d	ate and haur and from the	
		22b. SIGNATURE	2 1	ATTEND	OING MED.	CTAFF C	DATE SIGNED 3/20/64	
1		22d. PHYSICIAN'S/ NAME (Type)	The fields	DEGREE PHYS. 22e. AD	10	CTOR PHYS.	2/20/60	
	,		Divis	OF STREETING OF SPERMATORY	Olo	21 LOCATION (C)	rig	
			23/1968 MT.	OF CEMETERY OR CREMATORY OLIVET CEMET	TERY	3d. LOCATION (City or Town) WASH.	(County) (Stote) D.C.	
4)	24.	FUNERAL DIRECTOR	ADDI	RESS 4748 Were	7	egistrar 2sb. registrar	S SIGNATURE	
50	/	100001 10	neral!	UNIA. DE	- DATEAAR 2	1004	0	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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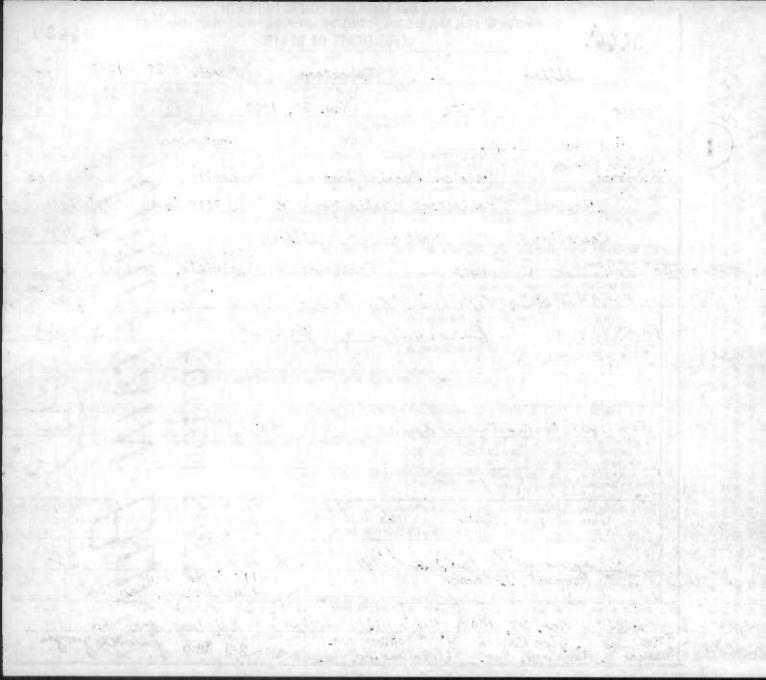
04463 CERTIFICATE OF DEATH

DECEASED-NAME (Type or print)	First		Middle		Last	2a. DATE O	F DEATH	ul O E Mane	2b. HOUR
- ' ' ' ' ' ' ' '	Lilli		C.		crtson	Marc	212	v1968ear	10.41
3. SEX Temale		4. RACE	rite		Nov. 23, 180	98	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (Ste	ate or foreign 7	b. CITIZEN OF WHAT			NEVER MARRIED	9. COUNTY OF	F DEATH		
country) Mc	ryland	U.S.A.		WIDOWED &	C DIVORCED	Mont	tgomery		Md
10. CITY-OR TOWN		give stre	of Hospital OR INST et oddress)		during m	AL OCCUPATION	(Kind af work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	ICE (Where deceased	lived if inctitution	Docidence before	13c. CITY OR T	OWN 13d. INSIDE CITY L		TREET AND NUMBER	- Own	COME
odmission) STATE	Virgini	13b. COUNTY	inaton	Arlin	aton YES N	0 31	15 South k	lich Str	eet
14. FATHER'S NAME	First	Middle	Last	15. /	MOTHER'S MAIDEN NAME F		Middle		Last
10.73	Cornelin	1	Hall	100	Lillian			Arno	ld.
Yes, na, ar unkno	EVER IN U.S. ARME		b. SOCIAL SECURITY N		ormant stance Jew	4508 L	andgreens S	treet	
IB. CAUSE O	F DEATH (Enter only	ane couse per line	for (o), (b), ond (c).)					APPROXI	MATE INTERVAL INSET AND DEATH
PART 1.	BEATH INVAC CAHEED	D.V	4. 4	too	Parcent			10	P .
153	9 IMMEDIATI		CONSEQUENCE OF			0	22 1700	1	
Canditions, if	ony, which gave)		arcino		of Bour	el		2-3	UPS.
rise to imme	diate cause (o), (nderlying cause (A CONSEQUENCE OF						71.3
last.)	(c)		100					
PART 2. OTHE	R SIGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NO	RELATED TO 1	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		TE.20
E 1539								1	
190. DATE OF C			OPERATION WAS PER		20o. AUTOPSY?		F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN C	ERTIFYING
Jan			of Bow		YES NO				
₹ □ OR CONTRIBUT	T WAS UNDERLYING ING CAUSE OF DEATH ify medical examine	HOUR A.M.	IJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (Ente	er noture af inju	ery in Part 1 ar Port 2,	Item 1B.)	
21d. INJURY While No	OCCURRED 21e. P		HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY.) 21f. LOC/	ATION Street at R.F.D. No). City	y ar Tawn	County	State
22o. I cert	ify that (I) (this	hospitol) attentive an 3/06 (I) (we) (did) (di	ded the deceased	fromand ady ofter de	hat in (my) (our) op ath.	inian death	occurred on the d	ate and hour	(I) (we) las ond from the
22b. SIGNATUR		oft.	Senan	SOFFREE	ATTENDING A	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	8.
22d. PHYSICIA NAME (T		d J. Ber	rack		22e. ADDRESS 4		lie Drive pring. Ma	ryland	
23a. BURIAL, CREM		NTE .	23c. NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATI	ON (City or Town)	(Caunty)	(Stote)
REMOVAL (Spe	cify) Mar.	27. 196	8 Cedan	Hill	Cemeteru	Suit	land Mary	land	
24 FUNERAY DIREC	BR C. Gles	n Carter	34 3LADDRESS		Ue. 250. REC'D E	BY REGISTRAR	368 REGISTRAP	S SIGNATURE	200
Warner 1	· Pumphr	eu. Inc.	Silver S	nrina.	Md. DATEMAF	29 K	300	0	0

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use os the burial-transit permit. Then please remove corban adpers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 half. Poge 4 may be retained by the hospital or attending physician.

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VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

34430

and 2 funeral papers The law requires that the death certificate be executed within 24 carban remove dny = please and 10 crematian, burial-transit signed by O FUNERAL DIRECTOR: After this certificate has been as the use the haspital ar for af detached be retained director, page shauld be filed

DECEASED-NAME Middle 2o. DATE OF DEATH First 2b. HOUR (Type or print) Manth 15 KABERTSON homas 3 SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthdoy) MONTHS HOURS whi Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U. 5 A DIVORCED [WIDOWED 2 MONTGOMER D. C. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even it retired.) INDUSTRY KENSING to N KENSINGTON 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER'S NAME First MOTHER'S MAIDEN NAME First Last Robertson NehN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (II yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEA PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS & CONSEQUENCE OF Canditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH Manth Doy HOUR A.M. Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1808, and that in (my) (aur) apinion death accurred an the date and have and from the saw the deceased alive an_ causes stated abave, (1) (we) (did view the bady after death. 22b. SIGNATURE) 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23a. BURIAL, CREMATION, OF CEMETERY OR CREMATORY 23d._LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68

to see the Caramage in Berry

MORE, MARYLAND 21201 VID

IZION	OF	VIIAL	KECOKDS,	301	W.	PKF2	ION	21K	tti,	RALI	IV
				CFR	FIFE	CAT	FO	FI	DFA	TH	

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled ib by the Juneral irector, page 3 should be detoched for use os the buriol-tronsit permit. Then pleose remove carban papers. Pages 1 ond 2 hould be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retoined by the hospital or ottending physician.

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VR A15 (4) 30M REV. 1/	

	04443			ERTIF	CATE OF	DEATH			044	131	
	ECEASED-NAME First		Middle		Lost	11	2a. DATE OF DEATH	Day	Year	2b. HOU	2
- ((ype ar print)	sa (Gold.e		Rothchi	0	Marc		1968	95	ININ
3. SE	X	4. RACE	\		S. DATE OF BII		6. AGE (In	10013	UNDER I YEAR	IF UNDER 24 H	IRS.
	Female	Whi	te		10-	19-2	\ 4	G YRS.			
70.	BIRTHPLACE (Stote or foreign 75	b. CITIZEN OF WHAT		8. MARRIE	D NEVER MAR	RIED 9.	COUNTY OF DEATH				
	Mass.	USA		WIDOWE		CED 🔲	Mont	-			Md
	Tahoma Par		OF HOSPITAL OR INS	- 1	f nat in haspital	during mos	OCCUPATION (Kind of w		12b. KIÑD OF I INDUSTRY	BUSINESS OR	
13a.	USUAL RESIDENCE (Where deceased	lived, if institution:				13d. INSIDE CITY LIMIT	TS? 13e. STREET AND N	UMBER \	0	1000	
odm	ission) STATE and	13b. COUNTY	som ery	Take	ma Park	YES NO	<u> </u>	Maple	. Aus	nue	,
14.	FATHER'S NAME First	Middle	Lost		1S. MOTHER'S MA	IDEN NAME Firs	t C	Middle		Last	
	David		Eise	2	* 1.1	Fr	ieda	39.04	he	ster	-
	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b	b. SOCIAL SECURITY N		. INFORMANT	1	1 - 1	Address		11	1
	(es, no, or unknown) (If yes give war o		Unknown		Record	13 - U	sash ingtor	Sanit	arium	4-11000	nto
	18. CAUSE OF DEATH (Enter only		ar (o), (b), ond (c).)						AATE INTERVAL NSET AND DEATH	
	PART I. DEATH WAS CAUSED B	CAUSE (a)	ESPIRA	TOR	Y FAI	LURE	•		2	DAYS	٠.
	1528		CONSEQUENCE OF	1							
	Conditions, if ony, which gove) rise to immediate cause (a).	(b) C	ARCI	NOI	MATOS	15			/	MO.	
	stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						,		
	last.	(c) <u>C</u>	ARCIA	vom	A 0.	FC	OLON		/	YR.	
	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	G TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	L DISEASE OR COI	NDITION GIVEN IN PART 1	(a)			
NO	155							4			
CERTIFICATION		NDITION FOR WHICH			2Do. AUTO		2Db. IF YES, WERE CAUSES OF DEATH?		IDERED IN CE	RTIFYING	
RTIF	NAN 1967 CA			ESEC		NO D					
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. N	JURY Manth Day Year	21c.	HOW INJURY OCC	URRED (Enter r	noture of injury in Part 1	or Port 2, Item	18.)		
MEDICAL	(If either, natify medical examiner	P.M.	19							2.7	
W	at wark at wark	ACE OF INJURY (AT					City ar Town		ounty	Stote	
	22a. I certify that (I) (this saw the deceased aliv	hospitol) gttend	led the decease	ed fram-	2-29	, 19_6	C, ta 3 -15	196	💆 , that	(1)	las
	causes stated obove, (e an 3 - (1) (Ma) (dia	d nat) view the	body ofte	ind that in (m er death.	y) (opini	ian deoth occurred (ond from	the
	226 STGNATURE	1 In	with		GREE PHYS.	IG MEI	D. STAFF	_	E SIGNED	68	
	22d. PHYSICIAN'S NAME (Type) DWIG	HT R.	Smi:	TH	22e. ADD 800	RESS PERSH	ing DR.		516.		
230	BURIAL, CREMATION, 23b. DA	TE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATION (City or	Town) (County)	(Stote)	
Ra	REMOVAL (Specify)	7-68	New Mo	ntefi	ore Ceme	eteru	Pinela	wn, Neu	York		
24.	FUNERAL DIRECTOR Donald	M. Stein	ADDRESS	232 (arroll	2So. REC'D BY	REGISTRAR 2Sb. I	REGISTRAR'S SIG	NATURG		3
He	ebrew Memorial F	uneral Ho	ome St.,	NW, Wo	ish.DC	DATEMAR	18 1968	1	0		

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14432 CERTIFICATE OF DEATH 2b. HOUR D DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type or print) 1:20 Roush Steven Peter March 4 RACE IF UNDER 24 HRS. S DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS March 22, 1968 White Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED IISA Md. Montgomery WIDOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) was hington San & Hospital during most of working life, even if retired.) INDUSTRY Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY EIMITS? 13b. COUNTY YES NO 7613 16th Ave. rakoma Park

admission) STATE Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Witham Joanne Rae Roush Marvin Lerov 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 7613 16th Ave., Takoma Park, Md. Father 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CAUSES OF DEATH? YES X NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Per 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County

State While Nat while at wark

22a. I certify that (I) (this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED

200. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

ATTENDING DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 9801 Georgia Ave., Silver Spring, Md. MArvin Mones, M.D.,

23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town)

Cremtion Washington San & Hospital Takoma Park, Mont. Md. 3-23-68 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

J. R. Ruffcorn 7600 Carroll Ave., Takoma Park DATE

law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and burial-transit physician. signed as the has been O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar far be detached directar, page 3 shauld be filed

death.

papers. Pages 1 thin 72 haurs after of

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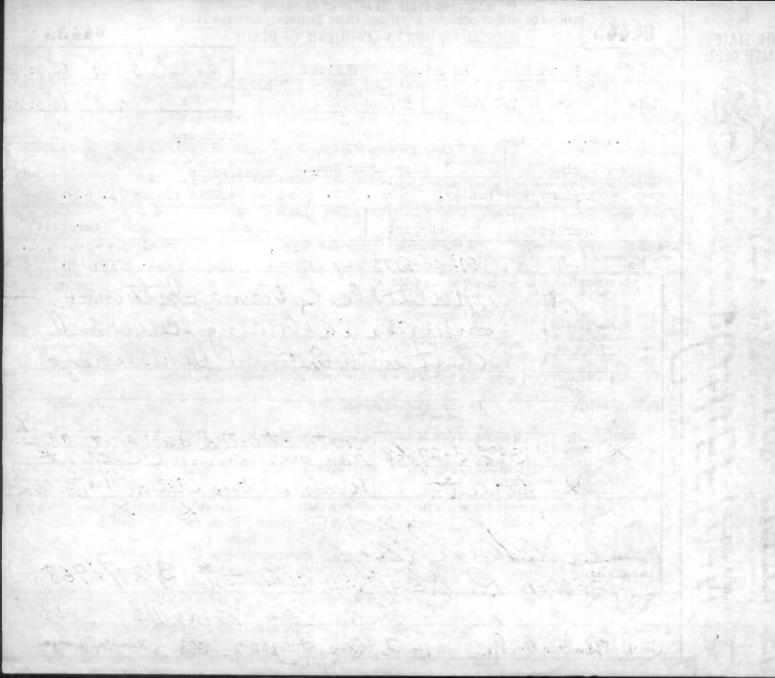
crematian,

19a. DATE OF OPERATION

VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04433 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN HEALTH DEPT. 1. DECFASED-NAME Middle First Month Yeor 2b. HOUR (Type or Print) ESTI-OF 1968 RHINEHART 3:55P FREDERICK RUPPERT DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX pup 59 Month 7/10/08 White Male 19 68 3:98P 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH wash., D.C. WIDOWED DIVORCED | Montgomery USA Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 10. CITY OR TOWN OF DEATH alang with during most of working life, even if retired.) **INDUSTRY** give street address) Silver Spring Holy Cross Hosp. Electrician 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland | 13b. COUNT Montgy. Sil. Spr. 10204 Bieber Bl. S.S. YES NO Item] and Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle First Lost Martha Barchett Ruppert Charles the Chief Medical Examiner's pages Bieber Pl. ADDRESS 10204 pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wife. be executed within (Yes, no. or unknown) (If yes give wor or dates of service) -06-5177 Pansy Ruppert Sil. Spr., Md. File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), a burial-transi. permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event v DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). This certificate shauld the certificate, writing the ward stating the underlying cause . = should be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING EXAMINER: 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that Look charge of the remains described above, held an Autopsy ... Inspection Inquiry D and in my opinion Accident Surcide . Homicide death resulted from: Natural couses Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE O DEPUTY EXAMINER'S O FUNE Health ADDRESSIS LOT LITY GOOD OF COUNTY) NAME (Type) 230 BURIAD CREMATION 23c. NAME OF COMET 23b. DATE FRY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



34434

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 & 5 Film G398 3/13/68 kkCERTIFICATE OF DEATH

X		CEASED-NAME	First	Middle		Lost	20. DATE OF DEATH			2b. HOUR
1	(1)	ype or print)	Arvo	brigiacy	S	ARI	March		Yeor 19 68	M
ł	3. SE	Х		RACE		DATE OF BIRTH	6. AGE (In		UNOER I YEAR	IF UNOER 24 HRS.
		1.0		White			lost birth	ndoy) MON	OAYS CHTM	HOURS MIN.
1	7 0	Male				4-18-19/15	COUNTY OF DEATH	YRS.		
1	OUN COUN	BIRTHPLACE (Stote or f	oreign /b.	CITIZEN OF WHAT COUNTRY?		NEVER MARKIED				
				wited States	WIDOWED _		Montgon	iery.		Md.
	10. C	ITY OR TOWN OF DEA	TH	11. NAME OF HOSPITAL OR INS	ITUTION (If not	in hospital 1120. USUAL	OCCUPATION (Kind of w	ork done	12b. KIND OF E	BUSINESS OR
1	-	Takoma	Pank	give street oddress)		during mos	of working life, even if	retired.)	INDUSIKI	2,450
i				ved, if institution: Residence before	13c. CITY OR TO	OWN 136. INSIDE CITY LIMIT	S? 13e. STREET AND N	UMBER !	-	
-	odmi	ssion) STATE Ma	1 pustyre	3b. COUNTY	Silver	YES NO	10409	Brook		D. C.
2	14 E		irst	Middle Lot		MOTHER'S MAIDEN NAME Firs		Middle	JITIGHUN	Inst.
/	14. 1	ATTIEK 3 NAME F	1121		13. 1		4	Middle		5031
		F) 774C		E. Saar		Elsa Ka	TINCO			
		was deceased ever es, no, or unknown)	IN U.S. ARMED F I (If yes give war or de		O. 17. INF	ORMANT		Address		
	- 11	es, no, or orikinowir)	(ii you give was or o	5 77-12-7	681 Pat	Lent Record	1. (wife)			<u> </u>
		IB. CAUSE OF DEAT	H (Enter only on	e couse per line for (o), (b), and (c).)						IATE INTERVAL
			WAS CAUSED BY:	12.	house	any adla	nd		1	116
		19 = 9	IMMEDIATE CA		T. benon .	my sever.	,		1 2	46611
1		Conditions, if ony, w	hish same	DUE TO, OR AS A CONSEQUENCE OF		1.14/	//	-	Ly	soltia.
		rise to immediate a		(b) 4/1188261	coma,	left smell	leason lu	ng	1100	2001.00
		stoting the underly		DUE TO, OR AS A CONSEQUENCE OF	Sec. 11.	100	metastases	2		
		last.		(c)		///				
		PART 2. OTHER SIGN	IFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1	(o)		
	z	1942								
	CERTIFICATION	190. DATE OF OPERATION	ON 19b. COND	ITION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY2	20b. IF YES, WERE		IDERED IN CE	RTIFYING
	IFIC	Contract of the Contract of th				YES NO	CAUSES OF DEATH?			
	CERT	21o. ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c HOW	INJURY OCCURRED (Enter r	noture of injury in Port 1	or Port 2 Item	181	
		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. Month Doy Yeor	210.1101	mout occounted (emor)	iotoro or injuty in Fort	0, 10,12, 110,1	,	
	MEDICAL	(If either, notify med		P.M. 19						
4	~	21d. INJURY OCCURR While Not while	ED 216. PLAC	E OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	211. LOCA	ATION Street or R.F.D. No.	City or Town		ounty	Stote
		at work ot work							6/700	
	- 3	22a. I certify th	at (I) (this he	espital) attended the decease	d from	11/1 185	, to men c	196	E, that	(I) (we) last
		saw the de	ceased alive	an march 6 1	166, and 1	fhat in (my) (our) apini	an death accurred	in the date	and haur o	and fram the
-	-		ed abave, (I)	(we) (did) (did not) view the b	ady after de	ath.				
н		22b. SIGNATURE	/-	11111		ATTENDING MEI). STAFF	22c. DAT	E SIGNED	10
		VIII	moto 1	Kember M	DEGREE	PHYS. DIR	ECTOR PHYS.	1 3 -	-6-	60,
		22d. PHYSICIAN'S				22e. ADDRESS	/	. /	1///	
1		NAME (Type)	S. 7.	KIMBLE		9801 Ne	police lo	LI DAL	may of &	nergilled
	23o.	BURIAL CREMATION,	23b. DATE	23c NAME OF	EMETERY OR CE	REMATORY	23d? JOCATION (City of	Town) (Colunty)	(Stote)
	-	REMOVAL (Specify)	Merch		icely)	1	Dledoush	va f	1+16	- 1111
1	24.	FUNERAL DIRECTOR	Vivio	ADDRESS	11	250. REC'D BY	REGISTRAR 25b.	REGISTRAR'S SIG	NATURE .	- Jilla
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 0y the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 baurs Page 4 may be retained by the haspital ar attending physician.

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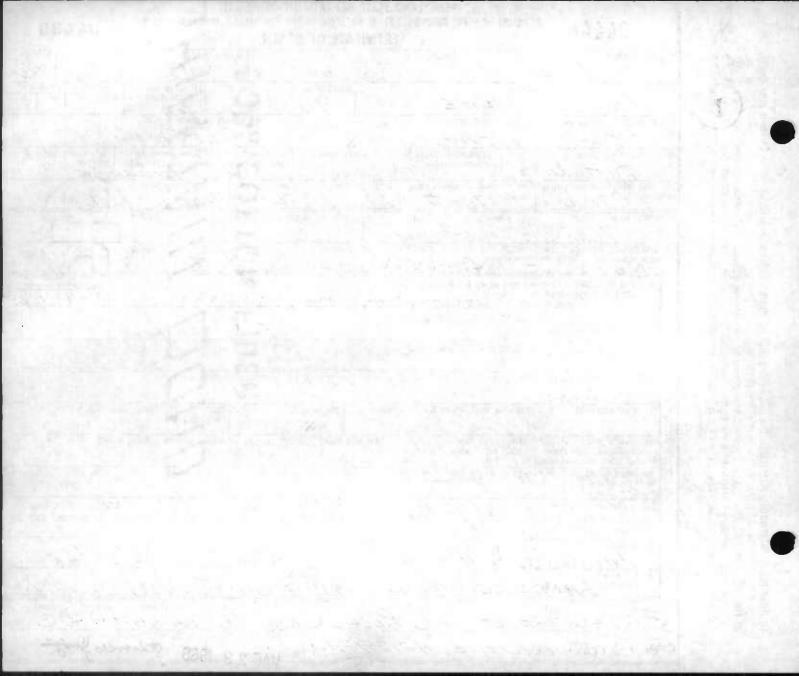
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The Gaeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages II and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 thours after death.
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	04446	DIVISION OF VITAL RECORDS		STON STREET, BAI TE OF DEATH		ARYLAND 21201	044	435
	CEASED-NAME First Ype or print)	Middle	San	ber	2o. DATE (Day Year 7 1968	2b. HOUR
3. SE	Temale	4. RACE WHITE	S.	DATE OF BIRTH	9		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
caur	Sturie	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED 🔀		9. COUNTY C	nontgome	/	М
	Dethesda	11. NAME OF HOSPITAL OR IT give street address)	Supres	during	most of working	ON (Kind of work doring life, even if retired	INDUSTRY	F BUSINESS OR
admi	issian) STATE md	ed lived, if institution: Residence before 13b. COUNTY Mont	Believe	Spring YES X	NO □ 80	STREET AND NUMBER	rn au	e
	WAS DECEASED EVER IN U.S. ARM	Middle Last Last June JED FORCES? 16b. SOCIAL SECURITY	v	NOTHER'S MAIDEN NAME		Middle	1	Last
	es, na or anknown) (If yes give wa	ar or dates of service) 579-36-5.	150 800	700	s San	1	75-75-	GMATE INTERVAL
	PART I. DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave nise to immediate couse (a), stating the underlying cause last.	TE CAUSE (6)	lung, d				3 - 4	ONSET AND DEATH
z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIV	VEN IN PART 1(a)		
CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY? YES X NO [CAUS	IF YES, WERE FINDING SES OF DEATH?	S CONSIDERED IN C	CERTIFYING
EDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Month Doy Yeo er) P.M.	19	INJURY OCCURRED (En		jury in Part 1 ar Part	2, Item 18.)	
W	at wark at work	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		TION Street ar R.F.D. I		ty or Town	County	State
	saw the deceased al	s haspitol) attended the decea ive an 3/27/68 , (I) (we) (did) (did nat) view the	19, and t	hat in (my) (aur) a	ipinian death	accorred an the	date and hour	t (I) (we) la and fram th
	22b. SIGNATURE	ce D. Marca	M D DEGREE		MED. DIRECTOR	STAFF 3	22c. DATE SIGNED	18
		REDCED. MAK			ingo	t. Sike	P Speing	md
	BURIAL, CREMATION, 23b, D	28/68 D.C.	F CEMETERY OR CR	E LEM	· ce	TION (City or Town)	(County)	(State)
	EUNERAL DIRECTOR	EALHOME H	217.9	DATE AA	BY REGISTRAR		AR'S SIGNATURE	ege.

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health prior to buriol, cremation, or remaval, and in any event, within 72 hoursafter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Poge 4 may be retained by the hospital or attending physician.

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	47 July 400				EKIIFI	CAIE UF	DEATE	1						
	ECEASED-NAME	First		Middle		last		20.	. DATE OF DEATH				2b. H	OURA
1	Type ar print)	Jose	ph	Jacob		SAN	ER		March	Doy	Ye	ar 368	1:	50 M
3. S	EX		4. RACE		- 1	S. DATE OF	BIRTH		6. AGE (in yea	rs	IF UNDER I		IF UNDER	
	Male		Whit	te		14 Ju	ly 1.90	80	lost birthdoy)	YRS.	AONTHS	DAYS	HOURS	MIN.
	BIRTHPLACE (Stote o	r foreign 7	b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MA			UNTY OF DEATH					
cau	ntry) Penns;	ylvania	USA	A	WIDOWED		ORCED 🗌	1	Montgomery					Md.
10.	CITY OR TOWN OF D	EATH	11. N/	AME OF HOSPITAL OR INS	TITUTION (If	nat in haspital	12a. US	SUAL OCC	CUPATION (Kind of wark	dane			USINESS	OR
	Bethesda		giye	street address)	l, Cent	er	during	mast of	working life, even if reti	ired.)	INDUS	IRY		
130.	USUAL RESIDENCE (Where deceased	lived, if institut	ian: Residence before/	13c. CITY O	R TOWN	13d. INSIDE CIT	TY LIMITS?	13e. STREET AND NUMB	ER	0/-			
Di	ission) STATE STRICT O	f Colum	DIA COUNTY	V	Washi	ngton	YES 🔀	NO 🗌	1.25 Sixt	h St	ree	t, 1	5.E.	
14.	FATHER'S NAME	First	Middle	Last		S. MOTHER'S I	AAIDEN NAME	E First	Mid	dle			Last	
	S:	imon	F.	Sanker	r			Jul	ia C		(Gons	sman	
160	. WAS DECEASED EVE Yes, ng,,or unknown)	R IN U.S. ARMEI	O FORCES? or dotes of service)	16b. SOCIAL SECURITY N					al Record					
	NO UIKIIOWII)	(1.) == 9 #61		578-40-5	750 :	he Cli	nical	Cen	ter, Bethese	da,			1020	
		ATH (Enter only	ane cause per li	ne for (a), (b), and (c).)						BE	TWFEN ON	ATE INTERV	
	PART I. DEAT	H WAS CAUSED I	BY: Le CAUSE (a) Le	eft uncus	hernia	ation,	brain	100			1-	3 d	ays	
	410.	1	DUE TO OR	AS A CONSEQUENCE OF										
	Conditions, if ony,		(b) P8	artial occ	lusion	ı, righ	t cor	onar	y artery			l we	eek	
	rise to immediat		DUF TO, OR A	AS A CONSEQUENCE OF						1			0.000	0
	last. 4201)	(c) P1	ulmonary c	onges	cion &	empny	sema				У	ears	
6-						O THE TERMIN	AL DISEASE O	OR CONDIT	TION GIVEN IN PART 1(0)					
×	Psorias	is - ch	ronic di	uodenal ul	cer									
CERTIFICATION	190. DATE OF OPERA	ATION 19b. CO	NDITION FOR WH	IICH OPERATION WAS PEI	RFORMED	20a. AUT			20b. IF YES, WERE FIND CAUSES OF DEATH?			O IN CE	RTIFYING	
RTFI	2000					YES 2				Yes		10.0		
	210. ACCIDENT W			F INJURY Month Doy Year	21c. l	IOW INJURY O	CCURRED (Er	nter natur	re of injury in Part 1 or P	ort 2, Ite	em 18.)			
MEDICAL	(If either, natify n	nedical examine	r) P.M.	19									100	
W	21d. INJURY OCCU	110	LACE OF INJURY	AT HOMF, FARM, STRFET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	OCATION Str	eet or R.F.D.	No.	City or Tawn		County		St	ate
			hasnital) att	anded the decase	od fram	28 Feb	mignilo	68	, to 9 March	19.5		that	(IX Com) last
	saw the	deceased aliv	e an O Ma	anola .	900 ai	nd that in li	ny) (aur) c	pinian	death accurred an t	he date	e and	haur	ind fro	m the
	causes st	ated abave,	(1) (we) (did)	(did not) view the	bady after	death.	773-7-							
	22b. SIGNATURE	1.11	1 71	6	17	ATTEND	ING -	MED.	STAFF TO		ATE SIGN		0/0	
	/-	uku	0- X	. Olle	DEC DEC	REE PHYS.		DIRECTO	OR PHYS.		larc			
	22d. PHYSICIAN'S	Dalahaa	2 II (anch M D					inical Cente					1
	(Minr (1) (be)			eech, M. D			titute			athe				
	BURIAL, CREMATIO	N, 23b. DA 3/1	TE 2/68	23c. NAME OF St. Fr	ancis	Xavi		Cr	I. LOCATION (City or Town 'esson	1)	Count	ns	(State)	nia
	FUNERAL DIRECTOR		uneral	Home	331	ockvi ike	1 PSg. REC'I	D BY REG	SISTRAR 2Sb. REGIS	TRAR'S S			100	

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,UT funerat death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 yours after death. certificate be executed within Zq TO'HOŚPITAL OR ATTENDING PHYSICIAN. The Taw requires that the death Page 4 may be retained by the hospital or attending physician. 101 000 00

> VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04437

1.	PLACE OF DEAT	Н				e deceased lived, If institution: Re-	sidence before admission)
	a. COUNTY	ontgomery	MA DVI ANI		a. STATE	b. COUNTY	
_	b. CITY OR TOW	N (if outside corporate limits,	MARYLANI 1 c. LENGTH OF STAY IN		Maryland	Montgomery corporate Ilmits, write RURAL a	and give nearest town)
	write RURAL	and give nearest town)			Silver Spri		and give nour conn.,
	d. NAME OF HO	er Spring SPITAL OR INSTITUTION (if not	In hospital, give street addre	255)	d. STREET ADDRESS		e. IS RESIDENCE
		Glenwild Road	arepres, Bree street scare	,	10709 Glenwi	11d Ro-d	ON A FARM?
		olenwith -oad			Tolo) eTGIIMI	ru rogu	YES NO X
3.	NAME OF DECEASED (Type or print)	First	Ha Byan	11	OF OF	ATH May	Day Year
5.	SEX	6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	7 8.		9. AGE (In years IF UNDER 1	
F	emale	White WIDO			0-19-1910	last birthday) Months 1	Days Hours Min.
10a	. USUAL OCCUPAT		Db. KIND OF BUSINESS OR	7	11. BIRTHPLACE (County & S	tate, or foreign country) 12, CIT	IZEN OF WHAT
dur		ing life, even If retired)	INDUSTRY			COL	JNTRY?
- 10	At Hom				New York	U.S	.A.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAM		
	William	C. Byam			Clara Bingham	n	
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. 1	NFORMANT	Address	
				Alv	in A. Sarra - S	See Item No. 2.	
	18. CAUSE OF	DEATH [Enter only one cause	per line for (a), (b), and (c).]		, , ,	0/	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED BY:	+ my otropi	ic	Lateral.	Sclerosis	2 years
	3400		1				1
	Conditions, If	DUE TO		_			
	gave rise to	Immediate (
	cause (a), s			_			
-	underlying caus						
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT R	RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?
	20a ACCIDENT	WAS UNDERLYING 1 20	b. DESCRIBE HOW INJURY O	CCLIB	PED (Enter nature of Inlury I	n Part I or Part II of Item 18.)	1.00
CERT	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	o. DESCRIBE HOW INSORT O	, , , , , , , , , , , , , , , , , , ,	ACD. (Enter nature of injury)	11 1 11 1 11 11 11 11 11 11 11 11 11 11	
CAL	20c. TIME OF	INJURY Month, Day, Year 2	Od. INJURY OCCURRED 20e.	PLACI		f. (City or town) (Coun	ty) (State)
MEDICAL	Hour a.r		/hile Not While at work	actory	, street, office bldg., etc.)		
		y that (I) (this hospital) at		1.0	19	to /// 121900	that (I) (we) last
		ceased alive on em	1 /	1	death occurred at 77 M	, from the causes and on the	
	22a. SIGNATU		1	Milat	death occorred at		TE SIGNED
	24	Timber of	500//		ATTENDING MED.	STAFF DIM	12/6/8-
	22c. PHYSICIA	IN'S S'IN	2	M.D.	PHYS. DIRECTO	R L PHYS. L VII at	12/16
	NAME (T		L 15a	()	Silvers	Drine Mi	a gent
23a	BURIAL, CREN	MATION, 23b. DATE THEREOF	23c. NAME OF CEMET	TERY (OR CREMATORY 234	LOCATION (City, town or cour	(State)
	D -	15-16-1968	Cook Ceme	ter	y	Oneonta, N.Y.	1
24			ADDRESS	Δ	1 25a. REC'D BY R	EGISTRAR 25b. REGISTRAR'S	
J	oseph Ga	wler's Sons, Inc	Wash. D.C.	uve	NW. DATE MAR 1	1 1968 Filesy	the printing
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04438 CERTIFICATE OF DEATH SCHAFFEER DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type ar print) 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS HOURS 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH NEVER MARRIED Chicago WIDOWED 5 DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.) **INDUSTRY** 10m A Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES T NO 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle aston 16b. SOCIAL SEGURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) =lizabe APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

YES [21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Port 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d INIURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)

While Not while at wark

21f. LOCATION Street or R.F.D. Na. City or Town County

DIRECTOR

ATTENDING PHYS.

22e. ADDRESS

DEGREE

mynep319 68, that (1) (yes) last 22c. DATE SIGNED

STAFF PHYS.

State

22d. PHYSICIAN'S MAME (Type) 23a. BURIAL, CREMATION

22b. SIGNATURE

NAME OF CEMETERY OR CREMATORY 23b. DATE 3-27-68 Beallsville

23d. LOCATION (City or Town) (County)

24. FUNERAL DIRECTOR Francis H. Barber

ADDRESS Laytonsville, Md.

Beallsville Mont. 1968 DATIMAR 2

O FUNERAL DIRECTOR: After VR A15 (4) 30M REV. 1/68

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death.

PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after

Page 4 may be retained by the haspital ar attending physician.

OR ATTENDING

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3-27-58 Bealls ville

rentiz d. James J. G. conville, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH . DECEASED-NAME SCHWIGERT First Middle 2a. DATE OF DEATH (Type or print) HELEN T. 4. RACE 3. SFX S. DATE OF BIRTH IF UNDER 1 YEAR (birthday) 1/28/87 White Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT-COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery WIDOWED X DIVORCED | 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street addres Suburban Hospish L during most of working life, even if retired.) Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY 21 O RHODE ISLAND AVE., N.E. YES X NO 🗆 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last 16b. SORIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or upknawn) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 2 40 Kulmonary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Mar 19-68 Meum rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cardio Vascular Discon arterioselerotek PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Crebne Thrombosis - 1963-20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this-hospital) attended the deceased from May 1963, ta 20 31, 1968, that (I) (we) last saw the deceased alive an 30 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR mar 31-1968 PHYS. 22d. PHYSICIAN'S 22e. ADDRESS JAMES E. NOLAN NAME (Type) 23C. NAME OF CEMETERY OR CREMATORY ARLINGTON NAT. 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) BURIAL (Specify) CEM. ARLINGTON, 24. FUNERAL DIRECTOR

5130 WIS CONSIN AVE, WW 250. REC'D BY REGISTRAR

5056 PHGAWLER'S SONS, WASHINGTON, D. C., DATE APR 5 Williamles Judge

VR A15 (4) 30M REV. 1/68

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TO FUNERAL DIRECTOR: After this certificate has been

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MARYLAND STATE DEPARTMENT OF HEALTH

4451	DIVISION OF	VITAL F	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
F11m G399	3/27/68	lek	CERT	IFICATE O	DE DEA	TH		

Item 6 Fi	lm G399	3/27/68	kk	CERTI	FICATE OF	DEATH				04	440
. DECEASED-NAME (Type or print)	First		Middle	-	Last		20.	DATE OF DEATH Month	Day	Year	26. HOUR
(Type of print)	JAMES		P.	S	EDINGER	5		MARCH		68	6:3 5
SEX MALE		4. RACE	-6/4		S. DATE OF I	BIRTH APR20		6. AGE (Ir last birt	years nday) 1 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
BIRTHPLACE (State	ar foreign	7b. CITIZEN OF W		8. MADE	RIED X NEVER MA		9. COL	INTY OF DEATH	AL THO.		
untry) PENNA		USA		WIDOV	Married	ORCED	3.60	ONTGOMERY			٨
CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN:					JPATION (Kind of w		12b. KIND OF	
ETHESDA		give	street address) NAVAL H	SPII	AL	during	mast of v	warking life, even i MC	f retired.)	INDUSTRY	SMC
a. USUAL RESIDENCE	(Where decease	d lived, if institut	tian: Residence before	13c. CIT	Y OR TOWN	13d. INSIDE CITY	_	13e. STREET AND N			
mission) STATE PENNA		130. COUNT	U	HET	LAM	YES	NO 🗌	459 FITZ	PATRI	CK LANE	
4. FATHER'S NAME	First	Middle	Last		15. MOTHER'S A	MAIDEN NAME	First		Middle		Last
A	LVIN	JOHN	SEDIN	GER		CAI	RRIE			BYR	NE
a. WAS DECEASED E			16b. SOCIAL SECURITY I		17. INFORMANT	100		Ma A LIE	Address	449.00	
YESO, ar unknaw	SEP40	SEP60	172-16-7	287	ROSE M.	SEDI	NGER	459 FITZ	PATRI	CK LANE	
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rise ta immedi		(b)									-
stating the unc	lerlying cause	DUE TO, OR	AS A CONSEQUENCE OF								
lost.)	(c)									
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH BUT N	OT RELAT	ED TO THE TERMIN	AL DISEASE O	R CONDITI	ON GIVEN IN PART	l(a)		
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19a. DATE OF OPE	190. DATE OF OPERATION 196. CONDITION FOR WHICH			CH OPERATION WAS PERFORMED				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT	WAS UNDERLYING	3 21b. TIME O	F INITIRY	2	YES (2			e of injury in Part 1	or Port 2	Item 18)	
	CAUSE OF OEATH	HOUR A.M.			ic now more o	reolities (En	not major	o at injury in that t	01 7 011 2,	110111 10.1	
	medical examin	er) P.M.	1 A AT DIGHT CARM CIRCLE CA		16 106171011 5	0.50	NI.			-	Cara
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saw the	deceased al	ive an 15	MARCH () view the	19_68	and that in (a	(aur) a	pinian	death accurred		ote and haur	and from the
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ZZO. SIGNATORE	0.00	12-	m	10	DEGREE PHYS	ING	MED. DIRECTO	STAFF		MARCH	1068
22d. PHYSICIAN	XX	nam	my 1.11	1	DEGREE PHYS.	JUDECC	DIRECTO	R PHYS.	M- TO	MARCH	1900
NAME (Type		PIMMY .	LT, MC, US	M		VAL HO	CDT	עיראים דאין	TCDA	MD	
	0.0.					TANE IN			ESDA,		10.
3a. BURIAL, CREMAT		ATE			OR CREMATORY			LOCATION (City or	1.1	(County)	(State)
REMOVAL Specif		3/19/68			Nat'l (Arlington		rginia	
4. FUNERAL DIRECTO			ADDRESS			2Sa. REC'D				SIGNATURE	
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VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and camplete director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, v

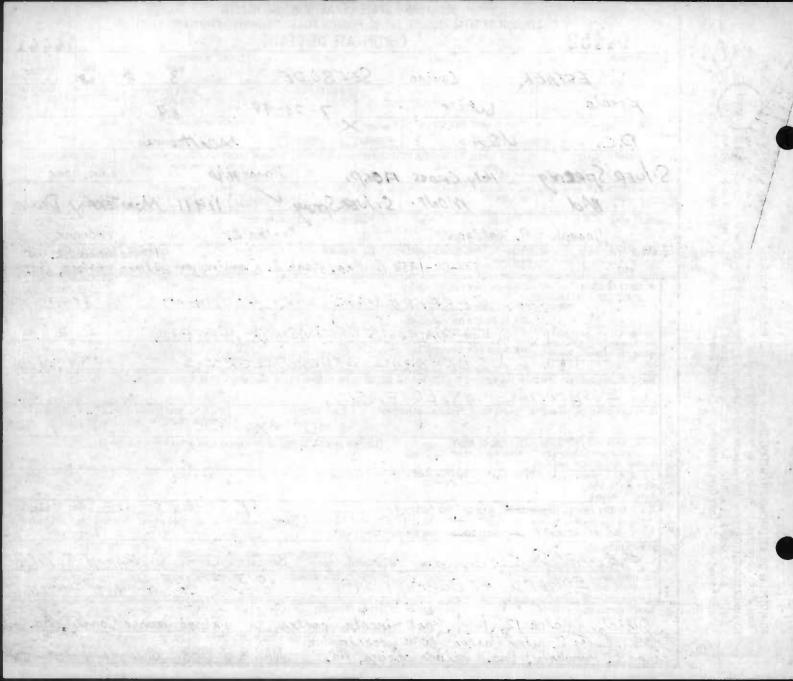
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Page 4 may be retained by the haspital ar attending physician.

M	04452 CERTIFICATE OF DEATH							(TEARD 21201	04441			
XI)		CEASED-NAME	First	Middle	Las	t	2a. DATE OF			2b. HOUR		
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s at		Female		White		7-23-99	7	last birthdoy)	MONTHS DAYS	HOURS MIN		
JOOL TOOL	7a. B	IRTHPLACE (State or fo	reign 7b. CI1	IZEN OF WHAT COUNTRY?	8. MARRIED NEVE		9. COUNTY OF	DEATH	•			
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ulu /	10. C	TY OR TOWN OF DEAT	Н	11. NAME OF HOSPITAL OR INS	TITUTION (If not in has	pital 12a. USUA	L OCCUPATION	(Kind of work done	12b. KIND OF E	BUSINESS OR		
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-			(If yes give war or date				Cumaino	cham Silver	Morn S	t. MJ		
			4F		E DI IIMO.	110000 2.	www	JAXVER	APPROXIM	LATE INTERVAL		
	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:									ISET AND DEATH		
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		Conditions, if any, which gove (b) THROMBOSIS OF BASILAR ARTERY 30 HOURS										
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	stoting the underlying cause (c) CEREBRAL ATHEROSCLEROSIS									NOUN		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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	ATIO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING										
1	YES NO X CAUSES OF DEATH?											
214	Lie the most occorded the first in the state of the state											
2.4	MEDICAL	(If either, natify medi	cal examiner)	P.M. 19								
	W	21d. INJURY OCCURRE While Not while	D 21e. PLACE	OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION	Street or R.F.D. No.	City	or Town	County	State		
		at work ot wark							18			
		22a. I certify that (I) (this hospite) ottended the deceased from, 19.59, ta MARCH S, 1968, that (I) (unc) last saw the deceased alive on MARCH S										
		causes state	d obave, (I) (we) (did) (did not) view the I	oady ofter deoth.	iii (iiiy) _(sor) opii	man acam (occurred on the do	ie ona noor c	ma nom me		
		22b. SIGNATURE	00	R	4.0 41	TTENDING M	IED.	CTACC	DATE SIGNED			
		Edivi	266.1	Deeman	DEGREE PI	HYS. DI	IRECTOR \square	PHYS. L		1968		
1		22d. PHYSICIAN'S NAME (Type)	=DWAR	D A. BEEMA	N MD 22			PRING ST		0610		
	1, 1							SPRING		0910		
0	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		EMETERY OR CREMAT			ON (City or Town)	(County)	(Stote)		
- 98	20	FUNERAL DIRECTOR 62	2	12, 1968 Fort	Lincoln C	250 REC'D R'	Y REGISTRAP	nce George 25b. REGISTRAR'S	SIGNATURE	Md.		
(4)	11	The and	16.94	en Carter 80005	yeorgia	Que 250. REC'D B'	1 2 10	GR Willer		core i		



04453 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) SAd 4. RACE 9-9-96 3. SEX IF UNDER 1 YEAR 6. AGE (In years Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA ennA. WIDOWED 1 DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) Wheaton House Wife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ORWIGS BURG 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT MR Yes. no. or unknown) SELTZER FRANCIS 60-05-6971-0 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave BIMBOLOS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CONGESTIVE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) SCIENTE 18 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN VERTIFYING CAUSES OF DEATH? YES [NO M 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. County State City or Tawn While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from 1 = 3 1961, and that in (my) tour) opinion death occurred on the date and hour and from the saw the deceased olive an_ couses stoted above. (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV. 1/68

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Page 4 may be retained by the hospital or attending

24. FUNERAL DIRECTOR Obert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland

23b. DATE

3/30/68

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

BISEMOVAL (Specify)

NAME (Type)

Salem Evangelical Cemetery Orwigsburg. ADD

23d. LOCATION (City or Tawn)

Penna.

(Stote)

2Sb. REGISTRAR'S SIGNATURE 1968

A Company of the Comp Dane of Market Sold the contract of the second of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04454 CERTIFICATE OF DEATH 04443 DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) Albert N. Senseney 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male White Aug. 18, 1891 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (quntry) Washington, D.C. WIDOWED U.S.A DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
9005 Sugarloaf Dr. during mast of working life, even if retired.) INDUSTRY Damascus Inspector - State of Maryland
DE CITY LIMITS? 136. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b._COUNTY 9805 Sugarlbaf Dr Damascus 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Charles Senseney A. Emma Davidson 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mrs Mamie O. Senseney, Damascus, Md 212-24-4407 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Pneumonia hours DUE TO, OR AS A CONSEQUENCE OF Pulmonary Fibrosis and Emphysema Conditions, if ony, which gave) 10 yrs. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lymphoma of hilar nodes about 5 years ago treated with radiation. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark couses stoted above, (1) (we) (did) (did not) view the body ofter death. Mar 23, 1967 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 810 Toll House Ave. Frederick Md Gilcin F. Meadors, M.D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Clagettsville, March 25,1968 Montgomery Meth. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR Olin L. Molesworth, Damascus, Md. 1968

O HOSPITAL OR ATTENDING PHYSICIAN: T Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld shauld be filed with the VR A15 (4) 30M REV. 1/68

The law requires that the death certificate be executed within 24 hours after death

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME 2b. HOUR death. death the feneral (Type or print) S. DATE OF BIRTLE 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. low requires that the death certificate be executed within 24 hours after 3. SEX ond in any event, within 72 hours physician and completely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign papers. country) DIVORCED 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH give street address) **INDUSTRY** Proge 4 flay be received by the certificate has been signed by the attending physician and completely in FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely in 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit p Canditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL oftending p use as the l 19o. DATE OF OPERATION CAUSES OF DEATH? D.N.A. YES [be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF MULKYA (AT HOME, FARM, STREET, FACTORY 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No City or Town County Stote OFFICE BUILDING, ETC While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 10 march 1, 19 1, ta march 2, 19 6 f, that (I) (we) last saw the deceased olive an 19 2, and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. Poge 4 moy b 22e. ADDRES9 22d. PHYSICIAN'S NAME (Type) should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Caunty) BEMOXA (Serify) 3-13-68 Cowansville Cem. Cowansvill 25a. REC'D BY REGISTRAP **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Lee Funeral Home Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR 24 haurs after deoth Month 3/ Doy 196 Peor (Type ar print) Sherwood completely filled in by the funeral tove carbon papers. Poges-1-and 255€ AR offer de S. DATE OF BIRTH IF UNDER 24 HRS 3. SFX 4. RACE 6. AGE (In years IF UNDER 1 YEAR lost birthday) HOURS cremotion, or removol, and in any event, within 72 hours 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ottending physicion and withpurs. nermit. Then please remove carbon papers. Virginia WIDOWED DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, and during most of working life, even if retired.)

123 23 7 cm Hempshire Are. Home Casher 10. CITY OR TOWN OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 10803 E. Nolcy 20 13b. COUNTY Montsomery Silversoring YES 🔀 IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle 9. Sherwood Lewis Sarah Kidwell 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, of poknown) (If yes give war or dates of service) 578-09-6812A Mrs. Carrie Sherwood 10803 E. Nolcrest APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b O FUNERAL DIRECTOR: After this certificote hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F use Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 0 P.M. (If either, notify medical examiner) should be detached Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Ng. City or Town County State While Nat while at work attended the deceased fram 3/26, 1967, ta 3/31, 1967, that (1) (we) tost 3/30, 1967, and that in (my) (on) apinian death accurred an the date and haur and fram the 22a. I certify that (1) (this haspital) attended the deceased fram 3/2.6 saw the deceased alive an____ ed with the causes stated abave, (1) (we) (did) (diant) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, poge 3 DEGREE

DIRECTOR

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

gairtax

(County)

tax

2Sb. REGISTRAR'S SIGNATURE

(State)

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Ave.

Jairfax Cemetery

VR A15 (4) 30M REV. 1/68 22d. PHYSICIAN'S NAME (Type)

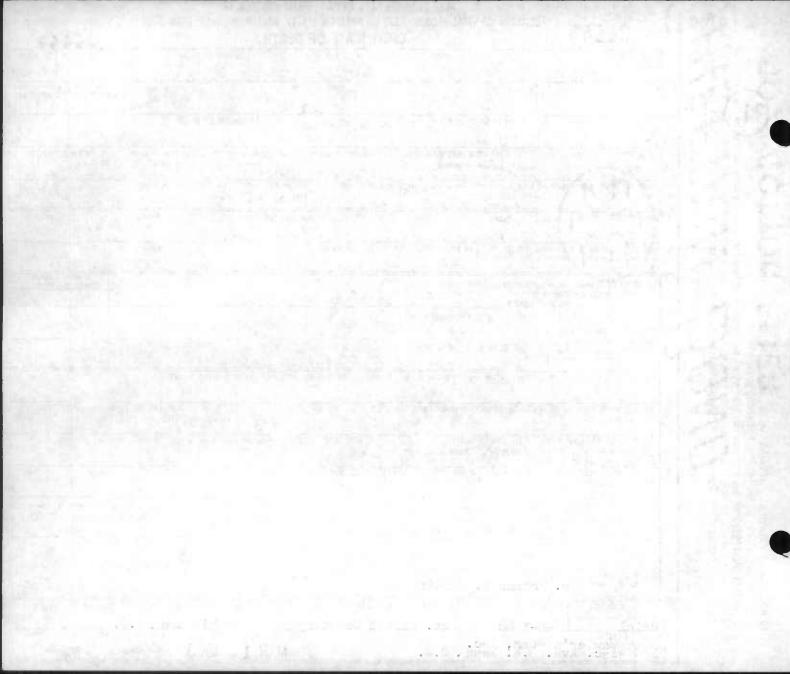
23o. BURIAL, CREMATION

BUREMOVAL (Specify)

Pumphkey Inc. 8434

MIRRIE TO STANISH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1444 DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR First * Lost deoth. (Type or print) Month 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthdoy) MONTHS DAYS HOURS mai within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED country) Marxland papers. DIVORCED [WIDOWED Jantsom En physician and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION and of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, event retired.) give-street address) INDUSTRYplease remove corban thesda ond in ony event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔀 700 manland 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle ubnert ORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [(If yes give war ar dates of service) removal, ottending phys add same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove naus burial-tronsit renary. rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse years oun ary ar PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending os the has been prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO N for use Heolth O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor Jo. (If either, notify medical examiner) P.M be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State Dept. City or Town County Stote OFFICE BUILDING ETC. While Not while of work ATTENDING 22a. I certify that (I) (this hespital) attended the deceased fram Oct-, 1967, ta 3/7 , 19 68, that (1) saw the deceased alive an Peb-24 1968, and that in (my) (our) apinian death accurred an the date and hour and fram the be retained shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR director, poge should be filed Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS Dr. Thomas E. Curtin NAME (Type) 4600 CONNECTICUT AVEN. WUSLD.O 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (Stote) (County) REMOVAL (Specify) Washington D.C Olivet Cemetery Burial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR oseph Gawler's Sons, VR A15 (4) 30M REV, 1/68 Inc. Miliantes 1968 Wash .



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR (Type or print) 4. RACE 6. AGE (In years lost birthday) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) **INDUSTRY** none 130. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 1611 Park Rd. N.W. Washington, D.C. 1611 Po 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Unobtainable ames SIGEMOTE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Veazey Yes, na. ar unknawn) (If yes give war or dates of service) John H. Shouse-3806 St. N.W. washington, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Canditians, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO M 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 7-24, 1964, ta 3-5, 1964, that (I) (m) last saw the deceased alive an 3-4-1968, and that in (my) (aur) apinion death accurred an the date and haur and from the Chuses stated abave (1) (we) (did) (did not) view the bady after death. 22c, DATE SIGNED 22b. SUGNATURE ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 9211 Columbia Blvd. Silver Spring, NAME (Type) G.F. Sengstack 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Cedar Hill Cemetery | Suitland, Md. 7/68 ADDRESS 2Sg. REC'D BY REGISTRAR

O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be filed v 30M REV. 1/68

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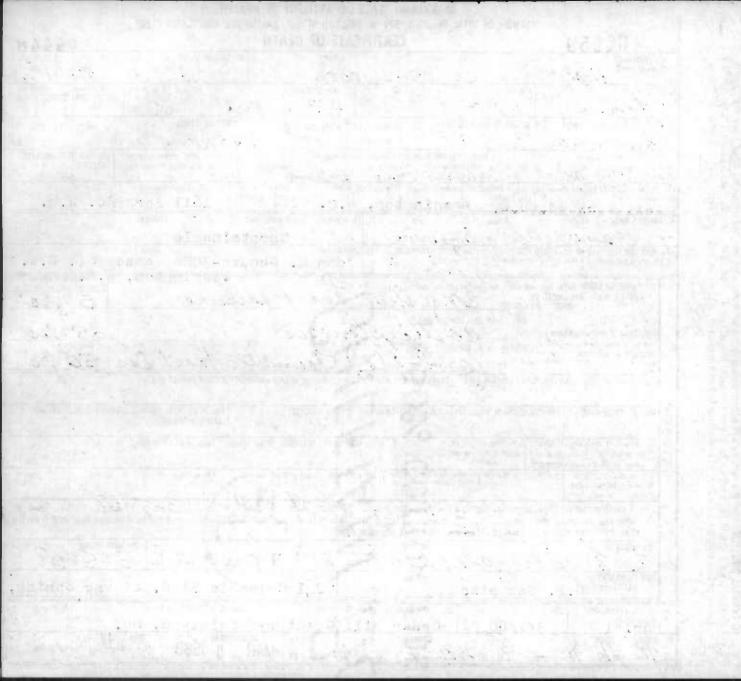
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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signed by



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	得表表自自		CERTI	FICATE OF DEAT	Ή		04	449
	ECEASED-NAME First Type or print)	Mide	dle	Last	2o. DATE OF	DEATH Month Do	y Yeor	2b. HOUR
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3. SE	EX	4. RACE	A. Diens	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White		7/1/03		lost birthdoy) 6)1 YRS.	MONTHS DAYS	HOURS MIN
7o. f	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNTRY	? 8. MAR	RIED KNEVER MARRIED	9. COUNTY OF	DEATH		
caur	New Jersey	U.S.A.		WED DIVORCED	Monte	romery		Md.
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPI		N (If not in hospitol 12a.	USUAL OCCUPATION	(Kind of wark dane	12b. KIND OF	BUSINESS OR
1	Olnev	give street oddress Montgot	mery Gen	eral	ng most of working l	ife, even if retired.)	INDUSTRY Pap	er
	USUAL RESIDENCE (Where deceased	lived, if institution: Residence	e before 13c. CI1	TY OR TOWN 13d. INSIDE		EET AND NUMBER		
admi	issian) STATE Md.	13b. COUNTY Monte	Si	lver Spring	NO Z	61 S. Lei	sure Wr	ld. Blw
14. [FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NA		Middle		Lost
	Frank	H. Skid	more	Anna	Cavanus			
	. WAS DECEASED EVER IN U.S. ARME		SECURITY NO.	17. INFORMANT Medica		dentAddress		
	(es, no, or unknawn) (If yes give war	or outes or service)				Iospt 01		
	1B. CAUSE OF DEATH (Enter only	one cause per line for (a), (b)), and (c).)			,	P APPRUXIE	MATE INTERVAL MSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: E CAUSE (o) Prelo	morary	1 olema				
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	Conditions, if ony, which gave	(b) recu	ton	garardid i	Marchin		1/h	7.
	rise to immediate cause (o), stoting the underlying couse	DUE TO, OR AS A CONSEQU	UENCE OF					
	last. 4201	(c) arts	rivac	bertie hia	of clise	are-	13	ku -
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	OR CONDITION GIVEN	I IN PART 1(a)		
Z	Transite	in sell	carre	in ma	bladder	-		
ATIO	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20o. AUTOPSY		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
CERTIFICATION	11/23/67 CA	colerona of	Ludgler	YES N	CAUSES	OF DEATH?		
E. C.	210! ACCIDENT WAS UNDERLYING		2	Ic. HOW INJURY OCCURRED	(Enter noture of injury	y in Port 1 or Part 2,	Item 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Do	Year 19					
ME	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM		11f. LOCATION Street or R.F.I). No. City	or Town	County	State
	While Nat while at wark	(orna boiloin	10, 11.					
	22a. I certify that (I) (this	hospital) attended the	deceased frap	May 15.	1961, ta M	preh 2, 19	68, that	(I) (we) last
	saw the deceased ali	ve on March	1965	, and that in (my) (our	opinion death o	ccurred on the do	ote and hour	ond from the
		(I) (we) (did) (did-not) v	iew the body d	iter deotin.				
						224	DATE CICNED	
	22b. SIGNATURE	lean Cott	1110	DEGREE PLINE	MED.	STAFF	DATE SIGNED	8
	22b. SIGNATURE	Kay Cott, M	UN -	DEGREE PHYS.	DIRECTOR 🗀	STAFF PHYS.	3/3/68	9
/		Kay Cutt, MAYA	UN -	DEGREE PHYS. 22e. ADDRESS 5	DIRECTOR L	PHYS. D	3/3/68	?
230	22b. SIGNATURE 22d. PHYSICIAN'S HAME (Type) JOHA	Kay Citt, M V/P. MAYU	ATH.	DEGREE PHYS. 22e. ADDRESS 3	DIRECTOR LI	STAFF PHYS. MON STO	7/3/60	
	22d. PHYSICIAN'S MAME (Type) JOHA BURIAL, CREMATION, 23b. D.		ATH.	DEGREE PHYS. 22e. ADDRESS Y OR CREMATORY	DIRECTOR LINE POLICE PO	PHYS. D	(County)	(State)

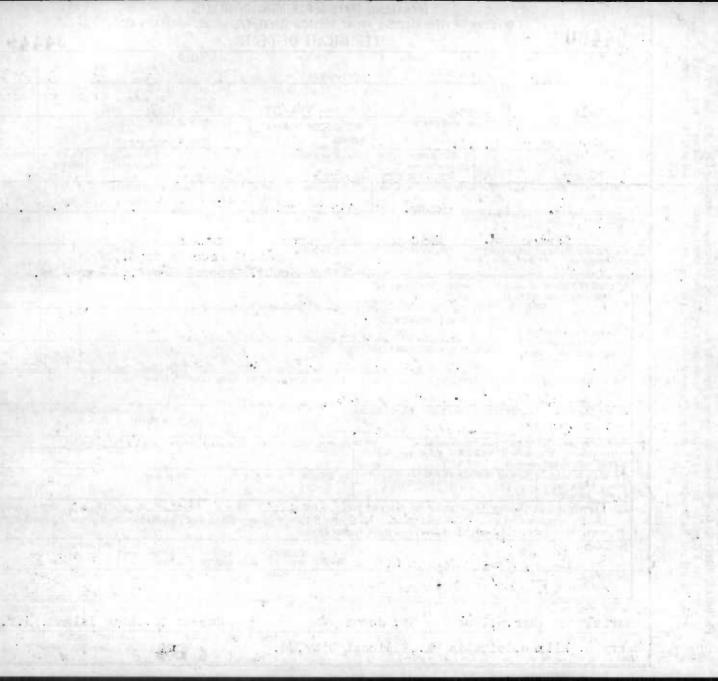
VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within,

Page 4 may be retained by the haspital or attending physician.

24 haurs after death.



CEPTIFICATE OF DEATH

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	EASED-NAME pe or print)	Fern Fern		Middle R •		Smith		20. DATE O	rch onth	Ppy	1'968	3 5 6
	Female		RACE Whit	e		s. DATE OF E 2/28/:			6. AGE (In ye last birthdo	ors Y) YRS.	MONTHS DAYS	HOURS MIN
7o. Bl count	RTHPLACE (Stote or for Moklahoma	oreign 7b.	U.S.A.		WIDOW		RCED _	9. COUNTY OF Mont	death gomery			M
Ro	TY OR TOWN OF DEAT		give s	AME OF HOSPITAL OR INS treet oddress) Bldg	titution (If not in hospitol 3 Apt	70 Juring mg	at of working lousew	l (Kind of worl Life even if re ife	done tired.)	12b. KIND OF E INDUSTRY	SUSINESS OR
130. U admis:	ISUAL RESIDENCE (Whasion) STMEryl	ere deceosed li and	ived, if instituti 13b. COUNTOR			OR TOWN CVille	YES NO	MITS? 13e. ST	reet and Num dg 263 ngress	BER Ap	t 707 Lane	
	THER'S NAME F	rst	Middle Bon	Lost ewell		1S. MOTHER'S N		irst Agnes	М	iddle		Lost
160. \ Ye	was Deceased EVER (sono, or unknown)	N U.S. ARMED I (If yes give war or d	FORCES? dates of service)	16b. SOCIAL SECURITY N	10.	7. INFORMANT Gerald	N. Sm	ith-hu		dress - sam	e item	# 13
	PART I. DEATH V 1991 Conditions, if ony, w rise to immediate c stoting the underlyi lost.	IMMEDIATE (hich gove) ause (o),(DUE TO, OR A	IS A CONSEQUENCE OF	98	Cover	noma	lous			11/	zys
NO	PART 2. OTHER SIGNI 1992 190. DATE OF OPERATION			TING TO DEATH BUT NO		200. AUT	OPSY?	20b. I			ONSIDERED IN CE	RTIFYING
3	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor		. HOW INJURY O		r noture of inju	ory in Port 1 or	Port 2, I	Item 18.)	
	21d. INJURY OCCURR While Not while of work 22a. I certify the saw the de	at (1) (this h	aspital) att	at home, FARM, STREET, FAC OFFICE BUILDING, ETC.	od fram.	Jan and that in (n		0 /, ta_	or Town March accurred an	≥_, 19 <u>.</u> the da	County County that te and haur co	(I) (w e) la
	22b. SIGNATURE	eme	1.0	gan		EGREE PHYS.	ING D	IED.	STAFF PHYS.	3/	DATE SIGNED	8
	22d. PHYSICIAN'S NAME (Pype)	ames W	i. Ega	<u> </u>		22e. AD 77	ORESS 20 Wisc	consin	Ave.,	Bet	hesda,	Md.
	BURIAL, CREMATION, REMOYAL (Specify)	23b. DATE 3/6/	68	Memori	al I	or crematory Park Cei	netery	23d. LOCATI Okla	ON (City or Tow	n) Okla	(County)	Okla.
24. F	UNERAL DIRECTOR		1331	ROCKVADDRESS	Pik	ce	2So. REC'D B	Y REGISTRAR	2Sb. REG	ISTRAR'S	SIGNATURE	_

Rockville, Md. 20852

250. REC'D BY REGISTRAR
DIMEAN 5 1968

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

Tyson Wheeler

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withia 24 hau)s

Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 30M REV, 1/68

REMOVAL (Specify)

24. EUNERAL DIRECTOR

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2220 Wese . and Which O.C.

DEORGE TOWN UNIV. MED. EN 250. REC'D BY REGISTRAR DAT MAR 2 6 1968

25b. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA

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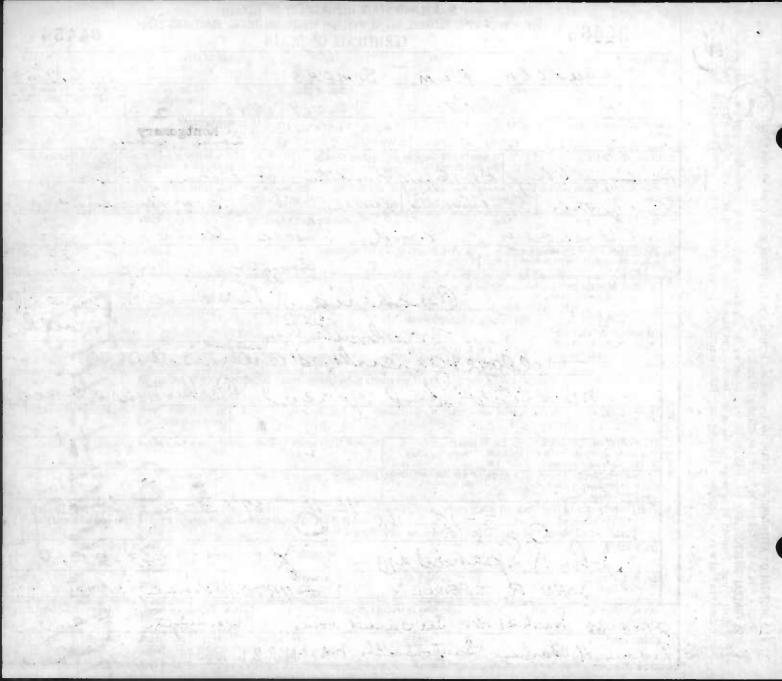
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VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

	03300		CERTIFI	CATE OF DEATH		02203
l. D	ECEASED-NAME First	Middl	e	Last	2o. DATE OF OEATH	2b. HOUR
((ype or print) Loue	1/1 01.	-4 5	WED !	Month 3 Do	Yeor / 2 40 M
			M D	OMERS	1	al 2014
3. SI	X	4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	7	Lupite	-	Oct. 9-18	85 83 YRS.	MONINS DATS HOURS MIN
	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. COUNTY OF DEATH	
23	ntry) it gave	4.5.A.	WIDOWEI		Thomas of the state of the stat	Md.
0	CITY OR JOWN OF DEATH		AL OR INSTITUTION (If		L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
6	Briling to Col	nive street address)	2	during mo	ost af warking life, even if retired.)	INDUSTRY
30.	USUAL RESIDENCE (Where decease	ed lived if institution Pesidence				
ıdm	ission) STATE	13b. COUNTY Prince	GW Lau			set Rd.
_	auce, me.			the T	- 307 /000	eee 1-0
4.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME FI	, ,	Last
	Robert		Wood	Louelle	Wood	
	(es, no, or unknown) (If yes give we	MED FORCES? 16b. SOCIAL SI	ECURITY NO. 17	. INFORMANT	Address	
	50			daught	ar	
	18. CAUSE OF DEATH (Enter onl	ly ane cause per line far (o) (b),	and (c).)		. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	D BY:	is on the o	sico ti	ermend)	AC C C - C
	IMMEDIA	ATE CAUSE (a)	XX JO	Tuesday 1		- Juneary
	4409	DUE TO, OR AS A CONSEQUE	ENCE OF	A 4		Amarol
	Conditions, if ony, which gave	(b)	mala	Jula less		1 maneus
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ATIC	19a. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
CERTIFICATION				YES NO M	CAUSES OF DEATH?	
CERT	21g. ACCIDENT WAS UNDERLYIN	IG 216. TIME OF INJURY	214	HOW INTIDY OCCUPPED (Enter	noture of injury in Part 1 or Port 2,	Itom 18 \
	OR CONTRIBUTING CAUSE OF DEATH	Tier living or support		HOW HOOK! OCCORNED (EIHE	notore at injury in rail 1 at roil 2,	11em 10.)
MEDICAL	(If either, natify medical examin	ner) P.M.	19			
S		PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY,) 21f.	LOCATION Street or R.F.D. No.	City or Town	County State
	While Nat while at wark	COFFICE BUILDING	, ειс.			
		is haspital) attended the	december of frame	1/1-1/1 10/0	7 to 3 - 9/ 10	that th (we) last
	zzu. I certify fildi (b) (filli	lis haspital) differed the	10/	nd that imamy (aus) ani	nian death accurred an the d	
	causes stated abav	(I) (we) (did) (did hat) vie	w the bady afte	r death.	man deam accorred an me a	are and have and trail the
	22b. SIGNATURE	01		ATTENDANCE \ ATTENDANCE		OATE SIGNED
	10km	1 Spence	V MII) DE		IRECTOR D STAFF D 3	-21-68
	22d. PHYSICIAN'S		1	22e, ADDRESS	1	Part of the second seco
	NAME (Type)) OHA	IR SPEN	CER	BURY	-NUSVILLE	MA
				4/41)		Int o
23a.	BURIAL, CREMATION, 23b. [AME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or Town)	(County) (State)
(KEMATION ha	uch 21 1968 I	ee Gune	al Home	washington	æ, e,
24.	FUNERAL DIRECTOR	1 0 -	ADDRESS	2Sa. REC'D B	Y REGISTRAR 296. REGISTRAR	S SIGNATURE
7	rancis H. Be	when Jayl	onswell	c had - MAR 2	6 1968 Julian	Cas Juignes :



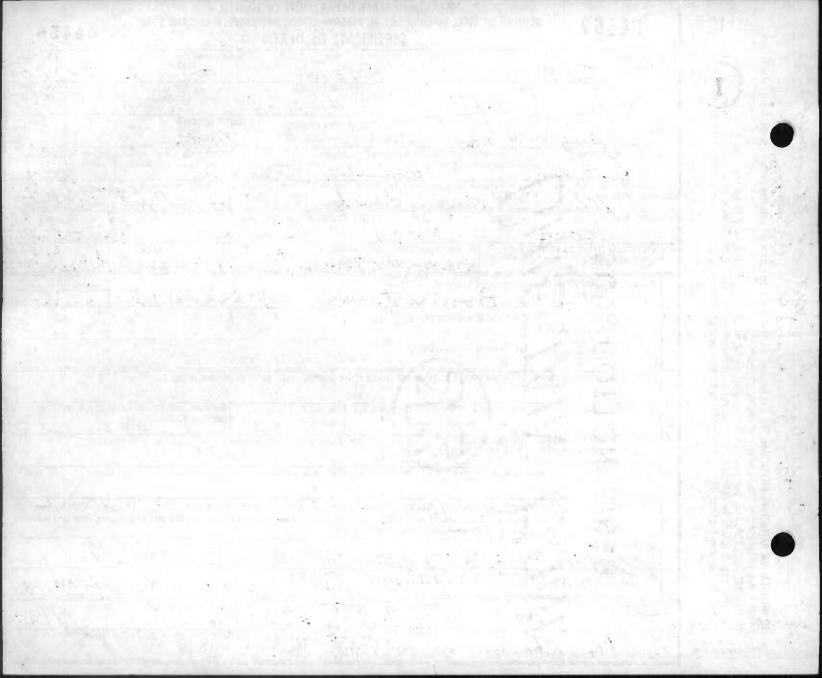
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ひを量りり		CERTIFICATE O	F DEATH		75	455
1. DECEASED-NAME First (Type ar print) E L	Middle GAR HALLOW	Lost VELL STA	BLER 20.	DATE OF DEATH Month	Day Year 20 68	2b. HOUR
3. SEX MALE	4. RACE WHITE	5. DATE OF		6. AGE (In years last birthday)		IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.		VORCED	UNTY OF DEATH MONTGOMERY		Md.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress) MONT GOME RY	STITUTION (If not in hospite GENERAL HOS	120. USUAL OCC during most of RETIRE	UPATION (Kind of work do warking life even if retire D - NG I NE E		BUSINESS OR
13o. USUAL RESIDENCE (Where deceo admissian) STATE MARYLAND	sed lived, if institution: Residence before 13b. COUNTY MONT GOMERY	SPENCERVIL	13d. INSIGE CITY LIMITS? LEYES NO X	1301 SPENC		ROAD
14. FATHER'S NAME First NEWTON	Middle Lost STABLE		MAIDEN NAME First	Middl		Lost LOWE L L
160. WAS DECEASED EVER IN U.S. AR Yearno, or unknown) (If y being	MED FORCES? wer outlates of service) 16b. SOCIAL SECURITY 578 32		AL RECORDS	Addres		IMATE INTERVAL
19a. DAJE OF OPERATION 19b	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT IN CONDITION FOR WHICH OPERATION WAS PROCEEDED AND THE CONDITION WAS PROCEEDED AND THE CONDITION OF CONDITION WAS PROCEEDED AND THE CONDITION OF	POT RELATED TO THE TERM SECURIOR 200. A PERSONNED YES	UTOPSY? NO	20b. IF YEY, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
OR CONTRIBUTING CAUSE OF DEVELOPMENT OF THE PROPERTY OF THE PR	HOUR A.M. Manth Day Year	ed from 3/19/2014 and that in	street or R.F.D. No.	City or Town ta 3/20 death accorred an th	County	Stote t (I) (we) last and fram the
22b. SIGNATURE LATER TO LATER 22d. PHYSICIAN'S NAME (Type) Arth	our F. Woodward	DEGREE PHYS	ADDRESS Rockvi		22c. DATE SIGNED	(State)
REMOVAL (Specify) Ma		riends	2Sa. REC'D BY REC	Sandy Springistran 25b. REGISTI	Mont.	(State) Md

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 19 shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital ar attending physician.

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The second second	PERMIT	213 01334		A - Del	
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		1.6.35 7	J	N N	80.
	reports a service				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34456 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR naurs after death (Type or print) Month 4. RACE 3. SEX IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH 8. MARRIED 📝 NEVER MARRIED remove carban papers. WIDOWED DIVORCED [and in any event, within 1D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **INDUSTRY** give street oddress) during most of working life, even if retired.) campletely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle pup Lost 00 certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) burial, crematian, or remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. af Health priar ta 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 7 NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 25, 1968, to may 23, 1968, that (I) (we) last sow the deceased alive on may 23, 1968, and that in (my) (we) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: causes stated abaye, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 2309-SHOREFIELD 23 BURIAL TREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	044	68			CE	RTIFI	CATE OF	DEATH					3 .	445	7
	ECEASED-NAME	Firs	st		Middle		Lost		2a. D	DATE OF DE	ATH Manth	Davi	Уеог	2b.	HOUR
(1	(ype ar print)	MOSES			C.		STEWA	RT			Manin	Doy	68		N
3. SE	X		4. RACE				S. DATE OF	BIRTH		6.	AGE (In years ast birthday)		F UNDER 1 YEAR ONTHS DAYS	IF UNDER	24 HRS.
10	MAI	F		NEGRO			JU	NE 1.19	06			rRS.	UNINS	HUUKS	mere.
	BIRTHPLACE (Stat	e ar fareign	7b. CITIZEN	OF WHAT CO	UNTRY? 8.	MARRIED	NEVER MA			NTY OF DE	ATH				1-14
cons	MARY!	AND	U.	S.A.		WIDOWED		ORCED 🗌		MONT	GOMERY				Md
10. (ITY OR TOWN O			11. NAME OF	HOSPITAL OR INSTIT	UTION (If	not in haspitol	12o. USU/	AL OCCU	PATION (Ki	nd of work do	ne	12b. KIND OF	BUSINESS	OR
	CATTI	HERSBUR	C	give street o	41 R.F.D	1		during m	IFN T	arking life	SHER SHER	d.)	INDUSTRY	ONE	
	USUAL RESIDENCE	E (Where dece	osed lived, if	institution: Re	esidence before 13		R TOWN	13d. INSIDE CITY L	IMITS?	13e. STREE	AND NUMBER			0112	
odm	ission) STATE	MD	13b. CO	MONT	rg	GA	ITH.	YES NO		R.F	.D.#1	BOX	(41		
14.	FATHER'S NAME	First	M	iddle	Last			MAIDEN NAME F	irst		Middle	В		Last	
		REN.	IAMIN		STEWA	RT			ANI	NIE			W	ILSO	N
16a.	WAS DECEASED	EVER IN U.S. A	RMED FORCES		OCIAL SECURITY NO.		INFORMANT	- 1			Addres	S			
y	es, na, ar unknav NO	wn) (If yes giv	e war or dates of se	ervice)			MRS M	ARY STE	WAR	T BOX	41 R.F	F.D.	+ GA	ITH.	MD
		DEATH (Enter	anly one rous	e per line for	(a), (b), and (c).)								APPROXI	MATE INTER	
		EATH WAS CAUS	SED BY:	L		I,	1000						OU WILLIA C	HALL MILD	V.A.III
133	195	IMMEI	DIATE CAUSE (-/	ONSEQUENCE OF										
	Conditions, if o	ny, which gav	9)	U, UK AS A C	PC CLO		04	Pros	×,	100					
	rise to immed	iote couse (a)	OUT T		ONSEQUENCE OF	~ <u>,</u>		1 / 0 3	10	10					
	stoting the un last.	derlying cous	P	(a)	ONSEQUENCE OF										
		SIGNIFICANT C	ONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT	RELATED	TO THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN II	PART 1(o)		1		
	177	X									-				
CERTIFICATION	19g. DATE OF OF	PERATION 19	b. CONDITION	FOR WHICH OF	PERATION WAS PERFO	RMED	20a. AU	OPSY?		20b. IF YE	S, WERE FINDIN	GS CON	ISIDERED IN C	ERTIFYIN	G
IFIC							YES [NO EX	7	CAUSES OF	DEATH?				
CERT	21a. ACCIDENT	WAS UNDERLY	ring 21b.	TIME OF INJUI	RY	21c.	HOW INJURY C	CCURRED (Ente		af injury i	n Port 1 ar Par	1 2, Iter	m 1B.)		
MEDICAL		NG CAUSE OF D		R A.M. Mai P.M.	nth Doy Yeor										
MED	(If either, notif	CCURRED 21	niner) le. PLACE OF L		19 ME, FARM, STREET, FACTOR BUILDING, ETC.	Y.) 21f.	LOCATION Str	eet or R.F.D. No		City or	Town		Caunty		State
	While Mot			OFFICE	BUILDING, ETC.	/				,					
		wark Line	this hospita	al) ottondor	the deceased	from	196	19		to 3	15-1	196	£, that	(I) (u	e) los
	saw th	e deceased	alive on_	2/1	1 (19	, 0	nd thot in (my) (our) op							
	couses	stoted obo	ve, (I) (we) (did) (did 1	not) view the bo	dy ofter	r death.					- 11	- 311		- 46
	22b. SIGNATURE			(ATTEN	ING -	ŃED.		TAFF -	22c. DA	TE SIGNED		
		1-	Le	al	· 101- D.	DEC	GREE PHYS.		PIRECTOR	i	PHYS.				
	22d. PHYSICIAN NAME (Typ		1 /		/		22e. Al	DRESS -		/		1	2 -0		
	INMINE (1)	De1 2.	1 . 4-	- 21				Garth	615	50	15-		4 68		
230.	BURIAL, CREMA	TION, 231	D. DATE	10	23c. NAME OF CEA			1000	23d	LOCATION	(City or Town)	/	(Caunty)	(State	8)//
	REMOVAL (Space		-9-	1968	91710	25	e				hersh		9 147	19 1	40
24.	FUNERAL DIRECT	HH.	X		ADDRESS	2 0	1	250. REC'D E	REGIS	TRAR 19	525b. REGISTR	AR'S SI	MAIURE	1	

950. REC'D BY REGISTRAR

24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely (illed-in b) the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon appers, Page shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours at TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

TO THE REPORT OF THE PARTY OF T TO THE ROLL OF THE PARTY OF THE

Item 5 Film	3399 4/4/0	O KK	CERTIFICA	AIF OF	DEATH			O.	4400
1. DECEASED-NAME (Type or print)	ENJAMIN	RAYMOND e	STRON	G Last			Month 28		2b. HOUR 1830
s. sex Male	4. RACE Ca	ucasian		S. DATE OF B	c 1968 1	920	AGE (In years	IF UNDER 1 YEAR MONTHS DAYS YRS.	
7b. BIRTHPLACE (Stote or for country) Virginia	eign 7b. CITIZEN USA	OF WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MA	RRIED 9. (Monte		County	Mc
10. CITY OR TOWN OF DEATH Bethesda		11. NAME OF HOSPITAL OR II give street address) Naval			12a. USUAL O during most	CCUPATION (Kind WS	d of work do Wen if retire	one 12b. KIND (INDUSTRY	Pilot
13o. USUAL RESIDENCE (Whe admission) STATE VA	101 COLL		13c. CITY OR Alexan		YES NO		and number una St		
14. FATHER'S NAME Fire	t Mid	dle Lost STRON			AIDEN NAME First		Middle	TRAINE	
16a. WAS DECEASED EVER IN Yes, no, overhopown)	U.S. ARMED FORCES?	16b. SOCIAL SECURITY		FORMANT Myrt	le L. By	rd, 743	Addres Towe	ers St.,	rginia/ FallsCh
1010	ch gave (buse (c)) graduse DUE TO (c) CANT CONDITIONS CON	OR AS A CONSEQUENCE O Necrotizin OR AS A CONSEQUENCE O TRIBUTING TO DEATH BUT	g Pneum r right	upper	· lobe	ITION GIVEN IN	PART 1(o)		
190. DATE OF OPERATION 21a. ACCIDENT WAS U		R WHICH OPERATION WAS F		20a. AUTO	X NO 🗆	CAUSES OF	DEATH?	IGS CONSIDERED IN	CERTIFYING
☐ OR CONTRIBUTING ☐ CA	use of DEATH HOUR	P.M.	r 19		CURRED (Enter na				
While Nat while at work		URY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.				City or T		County	State
saw the dece causes state	ased alive an 28	attended the decea March did) (did nat) view the	1968_, and	that in (m	ık) (anı) abiuja mpet. 18 <u>01</u>	n death accu	rred on the	e date and hav	at (I) (we) las r and fram the
22b. SIGNATÜRE ANULU 22d. PHYSICIAN'S NAME (Type)	L CDR MI	CUSN JON BURN LCDR MC	MD DEGRE	22e. ADI	DIREC	TOR L PH	AFF IYS.	22c. DATE SIGNED 29 March	1968
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4- / -	23c. NAME O	CEMETERY OR C	REMATORY	v 2	3d. LOCATION (C	ity or Town)	(County)	(Stote)
OA PUNICOAL DIDECTOR	EVRE Bea	ADDDE			2So. REC'D BY R	3 _ 19	25h REGISTR	ARE SIGNATURE	Judge

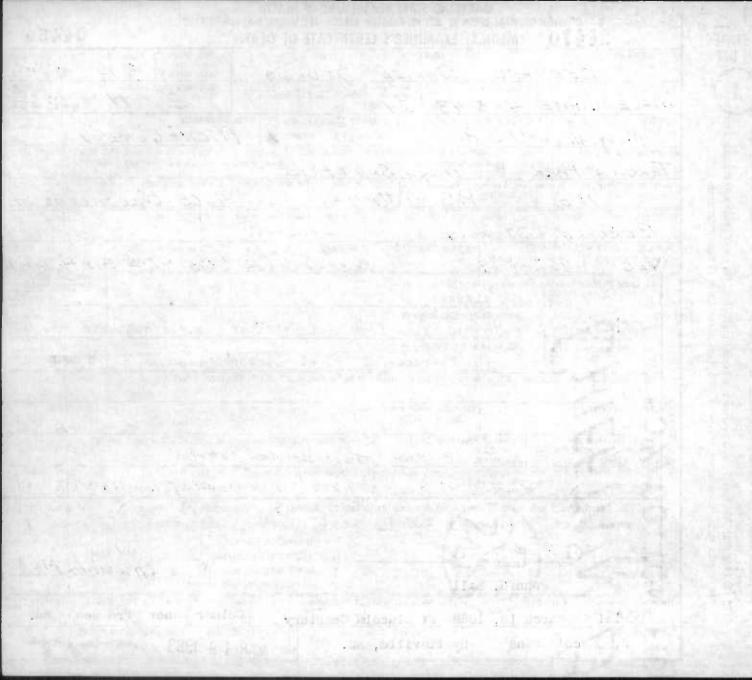
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after dept. VR A15 (4) 30M REV. 1/68

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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1	0	Tt	em 18 film 399 MARYLAND STATE DEPARTMENT OF HEALTH -29-88 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR ST	ATEX		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04459
HEALTH	DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	
is to a	6		(Type or Print) BERNARD DANIEL STURGIS DEATH MATED \$ 314	1 168 NOOT M
deloy and 3	la l		SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years list birthday) MONTHS DAYS HOURS MIN. Manth 2 Day 14	Yeor 2 2d. HOUR
2, ar	-8		THE WHITE 4-3-43 24YRS	1968 6 PM
arm, 'S	Der		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	*/OV NA
Pages vith far	State	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baseign) 1/a, USUAL OCCUPATION (Kind of work done 1/2)	b. KIND OF BUSINESS OR
ve P	the 1		AKOMA PARK (LIASH, SAN & HOSP	DUSTRY
after 1. Giv	land 2 with the State Departer death.		D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
urs un 18	d2 v		FATHER'S NAME First Middle Lost Is, MOTHER'S MAIDEN NAME First Middle	HORPE ST.
t ha Iter Off	land2 after	4	BERNARD STURGIS LILLIAN	fast
in 24	pages	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within pencil xamine	File p		(15 s. po, ar unknown) (15 s. give sine sine sine sine sine sine sine sin	
red in ol E	hin Fi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e execuip pending of Medic	oerm wit		IMMEDIATE CAUSE (a) The Market	
pen ef N	al-transit permit. F any event within		Conditions, if only, which gave (b) (a) Asphyxia from aspiration of gastric contex	its
word '	l-train		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld he ward ta the C	2. 2	8	(c) (b) Overdose of drugs. Darvon & Librium	hour hour
9 £ ÷	D S O	(80	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	A STATE OF STATE
certificate, writing that	used as maval, a	NOL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s c	be used a: remaval,	CERTIFICATION	WAS PERFORMED?	YES X NO
This ficate,	_	CERI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	
INER: e certi shauld files	3 shauld ation, a	MEDICAL	PRIMARY FOR CONTRIBUTING HOURAM. CAUSE OF DEATH HOURAM. 3 14 1968 Took. over dose of dervey s_	
the 4 sh	age 3 shau cremation,	×		county State
EXA cute	: Pag			
exe exe or. P	TOR		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
ase irect	IREC to b		CHIEF MEDICAL EXAMINER	
y ple	AL D		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
PUT Sary uner	FUNERAL DIRE	90		cl. 14, 1968
O DEPUTY necessary; the funera	O FUNE Health	2	NAME (Type) John G. Ball ADDRESS(Street, city, town, ar caunty) BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (Co.	
1	5 - 3	23	g Burial, CREMATION, PRODUCTION (City of Town) (Control of Control of Control of Column of Colum	Geo Md.
	(c	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	15ME (5) REV. 1/68		F, Gasch's Sons Hyattsville, Md. DATE MAR 19 1968 form	the fine of



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

044611 CERTIFICATE OF DEATH DECEASED-NAME 2n DATE OF DEATH 2b. HOUR (Type ar print) WRENCE 3. SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday DAYS Aug. 15, 1898 Male White 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) lifornia U.S.A. Montgomery WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if refired.)
Retired-U.S. Govt. give street address wridge Ave. INDUSTRY Chevy Chase 13e. STRFET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Montgomery 6908 Oakridge Avenue YES [NO T Chevy Chase Maryland 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Jerimiah Sullivan Ellen Damody 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) Margaret T. Sullivan- See Item No. 13 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO X 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from _1968, and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. ŁOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL CREMATION REMOVAL (Specify) Suitland, Md. Creda Hill Crematory

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATU

be executed within 24 haurs after death death I and ban papers. .= remove carban event, and in any The law requires that the death certificate crematian, or remayal, Page 4 may be retained by the haspital ar attending physician. Dept. of Health State director, page 3 shauld should be filed with the

24. FUNERAL DIRECTOR

VR A15 (4) 30M REV. 1/68 Joseph Gawler's Sons, Irc. 5130 Wisc. Avec N

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THE PERSON NAMED IN

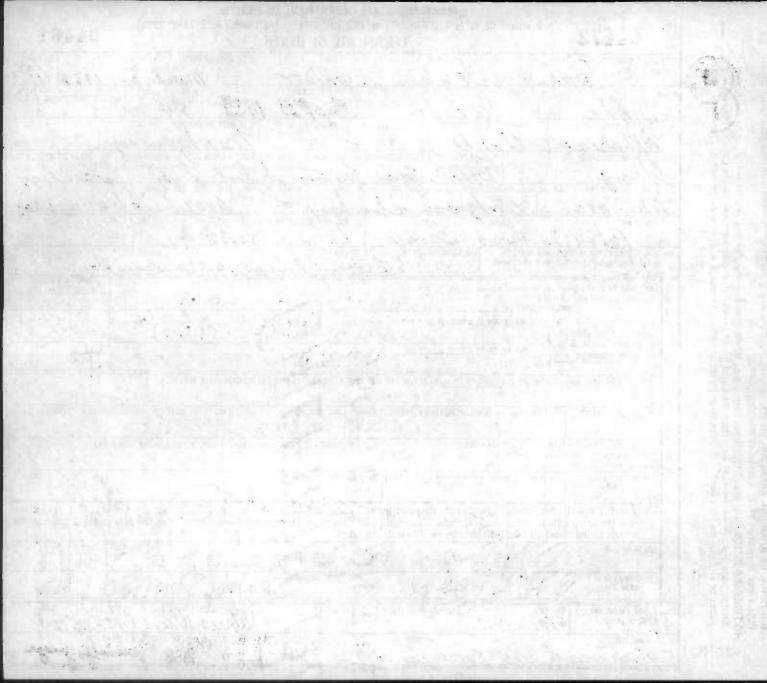
	0 4 3 4 19		C	EKHILICALE	UF DEATH				
		rst 🕖	Middle	Last		2a. DATE OF D			2b. HOUR
(T	ype or print)	Lucia	Jou hu	5111	1/2m	1	Manth Day		1,53
3. SE:	V AIII	14. RACE	2019107	IS DATE	OF BIRTH		6. AGE (In years		IF UNDER 24 HRS.
3. 3E	11. 1	4. KALE	1.1	S. DATE	Ur BIKIN	1802	lost birthoay)		HOURS MIN.
	MALE	1	120140	Je	61.13,10	883	84 YRS.		
	IRTHPLACE (State or fareign	7b. CITIZEN OF WHA	COUNTRY?	B. MARRIED NEVE	R MARRIED T	9 COUNTY OF O	EATH		
caun	try/ / phoson o	1 4/8	1		DIVORCED	may	Laomer	u	M
10 (ITY OR TOWN OF DEATH	III NAI	ME OF HOSPITAL OR INST		nitol 120 USUA	L OCCUPATION (Kind of wark done	4	USINESS OR
10. C	Allen a co		reet oddress)	4			e, even if retired.)	INDUSTRY	1 1
1	117184	D	TOOKE LAY	our their	esteen SOC	host x	sup.	deac	Leave
	USUAL RESIDENCE (Where dec	126 COLINTY		134 CITY OR TOWN	13d. INSIDE CITY LIV		ET AND NUMBER	1	4.
udile	haruland	Theny	gamery o	Deluce Adr	YES NO	200	7 Janso	10 whe	WAGS
14. F	ATHER'S NAME First	Middle #	Last	IS. MOTHE	R'S MAIDEN NAME FI	irst	Middle		Last
	Alach:	in Unnais	-5114	n /E	TITOT)	DAVIS			
160	WAS DEFEASED EVER IN U.S./	DWED EUDICES	16b. SOCIAL SECURITY NO	D. 17. INFORMAL	UT . T	DAVIS	Address		
Υ	es, no a unknown) (If yes gr	ve war or dates of service)		127 CHARLI	1	11 3017	LAUSDON V.	- 11/201	5.5 MD
	100		JJT-22.6	12/ CHMICLI	ES A. JUTTO	N ZEOI,	LAUZDOND		ATE INTERVAL
	1B. CAUSE OF DEATH (Enter		e far (a), (b), and (c).)		· .				SET AND DEATH
	PART 1. DEATH WAS CAL	JSED BY: DIATE CAUSE (o)		120 Up	o Dhe	wan r	10,	IV	Uh
	4120		A CONSEQUENCE OF		111	1 0	11	4	1
	Conditions, if ony, which gov		A CONSEQUENCE OF	04040	Jugy on	mlar K	luf 151	1 2 V	Sh.
	rise ta immediate couse (a	(b)		1100	3	\ 1	. 0 000	/	
	stoting the underlying cous	DUE TO, OR AS	A CONSEQUENCE OF	1161	111			W.J.J	
	lost.) (c)		19.00	V. • J				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TER	RMINAL DISEASE ORG	ONDITION GIVEN	IN PART 1(a)	1	
7	443X								
TIO	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHI	CH OPERATION WAS PER	FORMED 2Do.	AUTOPSY?	2Db. IF Y	ES, WERE FINDINGS C	ONSIDERED IN CER	RTIFYING
FIG					ES NO [7]	CAUSES (OF DEATH?		
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERL	VINC TOU THE OF	INICIDA				: D . 1 D . 1 D	10.3	
110	OR CONTRIBUTING CAUSE OF		Month Doy Yeor	ZIC. HOW INJUR	CT OCCURRED (Enter	noture at injusy	in Part 1 or Part 2,	Item 18.)	
DIC	(If either, notify medical exa	ominer) P.M.	19		A TOTAL	1-2-19-5			
ME	21d. INJURY OCCURRED 2	Te. PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION	Street ar R.F.D. Na.	(ity o	r Town	Caunty	Stote
	While Nat while of work		OFFICE BUILDING, ETC.		1	ØS -		14	
	22a. I certify that (I)	(this hasnital) atte	nded the decease	d from	190	to <	30 19	that	(I) (wis) In-
	saw the deceased	alive an	5/2 19	, and that i					
	causes stated abo	ve, (1) (we) (did) (did nat) view the b	ady after death.	(// (/ - / - / - / - / - / - / - /			1)
	22b. SIGNATURE	NA A		120		5-140-410		DATE SIGNED	10/
		1, 111,	traker	DEGREE PH		IED.	STAFF PHYS.	3/3/1	61
	22d. PHYSICIAN'S	119	2		ADDRESS		7	1	1
	NAME (Type)	- H L1	(20 W	Verta	20	MON	JUSIN,	OF V	111-
0.0	and carries on	N DATE	Los mant es s	CHITTERY OR CRESS	ODV.	T 124 40CA 700	(City of Town)	(15	/Canta)
23a.	BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE	23C. NAME OF C	EMETERY OR CREMATO	JKT	23d. COLATION	(City of Town)	(County)	(State)
	INCHE 17	MX121968				INALLA	MALLA	1134 W61	7813
24.	FUNERAL DIRECTOR		ADDRESS	1 1500	2So. REC'D B	Y REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Personald be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours. Page 4 may be retained by the haspital ar attending physician.

NAZDI WNECAL

VR A15 (4) 30M REV. 1/68

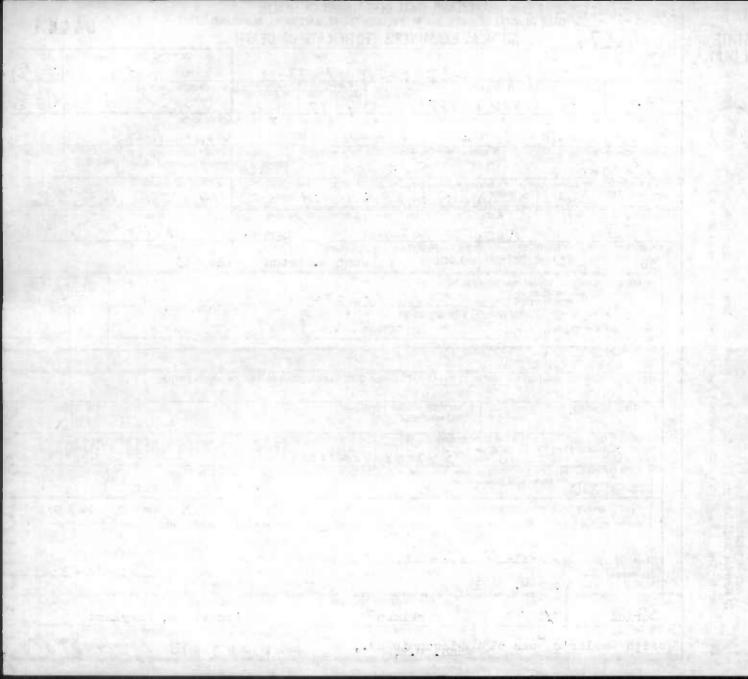


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- Y 1 7			
1		ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print)	Year 2b. HOUR
	17	Harriet Underwood 2/Monds March 25	1968 HAM
	3/ SI		UNDER 1 YEAR IF UNDER 24 NRS.
		remale white actober 29, 87/ 96" YRS.	
	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		VEW JORK (1, S.C.; WIDOWED DIVORCED /// DN GOM	ery Md.
20	10.0	give street address / dusing most of westing life avec if entired	12b. KIND OF BUSINESS OR INDUSTRY
	3	USUAL RESIDENCE, Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITES 13e, STREET AND NUMBER	
15		issian) STATE Ad 13b. COUNTY Monte. Takoma. Park YEST NO 7201 Cedar Ave	e.
,	14.	FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First, Middle	Last
1		FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Edward Underwood 15. MOTHER'S MAIDEN NAME First Middle	
		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (Il yes give war or dates of service) (Il yes g	T. L D L M.
		This Martina Paull. 1201 Cean Ave	
		1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edeina	1-2 days
		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave (b) Congestive heart failure	1-2 days
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF ast, A CONSEQUENCE OF	1-2 days
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	1 1-2 days
	-	Cachexia and advanced age.	
	CERTIFICATION	19a. Date of operation 19b. condition for which operation was Performed 20a. Autopsy? 20b. If yes, were findings cons	SIDERED IN CERTIFYING
1	FE	YES NO TO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	n 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While - Not	Caunty State
		at wark ot wark	
		22a. I certify that (I) (this hospital) attended the deceased fram 9-18-65, 19, ta 3-25-6819	, that (I) (we) last
		sow the deceased alive an 3=24-68 19 , and that in (my) (aur) opinion death occurred on the date couses stated above, (I) (we) (did) (did not) view the bady after death.	ona nour and from the
		226. SIGNATURE) 22c. DAT	TE SIGNED
	V		25-68
		22d. Pylysician's 22e. ADDRESS DAME (Type) Tolor D Gronous T T T T T T T T T T T T T	Md.
	-	John R. Spencer 15444 Columbia Pike, B	
)	230.	BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d, LOCATION (City or Town) REMOVAL Specify 3/26/68 George Washington Cem Pri Geo Co Ma.	(Caunty) (State)
M	24_	FUNERAL DIRECTOR W. K. Huntemann & Son ADDRESS 2 C. A. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
A	12	A the There wash I ga nie Day MAR 2 6 1988 your	To free "

Designation of the Control of the Co and the second construction of the contract of El o Jose W. In . We all o July 1 whom the two or more and



FOR STATE HEALTH DEPT.

2, and 3 ta M3 Page df O necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. GW the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office along

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with t Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.

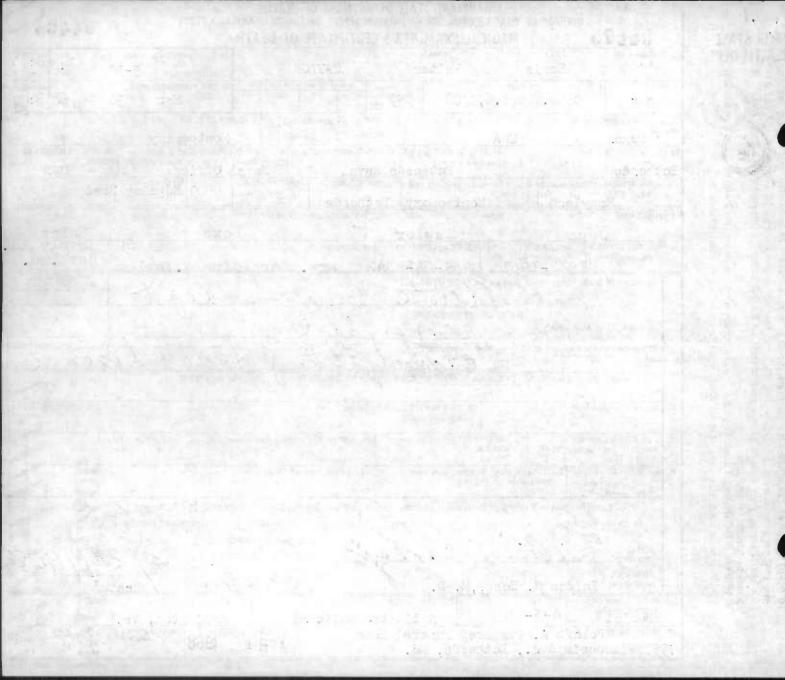
SICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-													
	ECEASED-NAME (ype or Print)	Firs		Middle		Lost			2o. DATE K				25 HOUR
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	En	nis	Walter	?	TAYL		DEATH A		3-30	1968	PM	
3. SE	X	4. RACE	5. DATE OF BIR		. AGE (In years	IF UNDER 1 YEAR			2c. DATE PR	ONOUNCED D			2d. HOUR
	Male	Cauc	-		last-bijebday) YRS		HOURS	MIN.	Month	Mar D	oy 30	Year 19 68	8:00
	BIRTHPLACE (Stote	e ar fareign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MA	RRIED NEVER A	ARRIED 🗌	9. COU	NTY OF DEA	TH	- 111	- 1000	
canu	Texas		USA			OWED DIVORCED			Montgomery Md.				
10. C	ITY OR TOWN O	F DEATH	11. N	AME OF HOSPITAL O	OR INSTITUTION	(If not in hospit	ol 12o. U	ISUAL OC	CUPATION (K	ind of work	done 12	b. KIND OF BUS	INESS OR
	ethesda give street oddress) Bethesda Naval during most of working life, even if retired.) Naval Officer USN											SN	
13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. SIRECT AND NUMBER 13c. CITY OR TOWN								lev R	oad			
00	illission) STATE	aryland	ISB. COUNTY	Montgomer	y Bet	hesda	YES	NO 🗌	7747				
14. F	ATHER'S NAME	First	Middle	L	ost.	15. MOTHER'S M	AIDEN NAME	First		Middl	e	Los	†
		June		Tayl	or			L	oxa			Bale	
		ER IN U.S. ARMED		16b. SOCIAL SECUR		7. INFORMANT			E	ADDRESS	9509		Ly Rd
(1	es, no peur knav	1 932	-1961	459-64	-834	Mrs	Ger	ald	ine A	Tay	lor	Beth.	.Md.
	18. CAUSE OF					71					1	APPROXIMATE	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACCURATE ACC												ANO DEATH
	410	9 immeu		ASIA CONSEQUENC	F OF	0000	1	7		1)			
	Canditions, if any, which gave) DUE TO, OR ASJA CONSEQUENCE OF												
	rise to immediate couse (o), (b)												
	Instituting the underlying course Due TO, ORTAS A CONSEQUENCE OF DOST.												
	- Color way way franchistans												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION										20. AUTOPS	Y2	
FICA					WAS PERFORMED?							YES K	NO 🗆
CERTIFICATION	21o. EXTERNAL	CALISE WAS	21h TIME OF	INITIRY Month Dov	Veor I	To HOW INSHIPY	OCCUPPED /Fr	nter netu	ro of injune is	Dort Las F	Part 7 Itam		NO L
	PRIMARY OR CONTRIBUTING HOUR A.M.										10.)		
MEDICAL	CAUSE OF DEAT 21d. INJURY OC		P. P.	M. At hame, form, stre	19	21f. LOCATION Stre	D C D N-		6.	T		Country	C
~			actory, affice building		eet,	IT. LUCATION STRE	er or K.r.D. No).	City or	Iown		County	State
	AT WORK												
	22a. I certify that took charge of the remains described above, held on Autopsy 🖾 , Inspection 🖾 , Inquiry 🖾 , and in my opinion												
1	deoth re	sulted from:	Natural caus	ses 🔲, Acci	dent .	Suicide	Homicia	de 🔲,	Undete	rmined m	anner []	
14		1 /	111	///	//	1 0	HIEF MEDICAL	EXAMINE	R 🔲		1	1	
1.5	ACTUAL SIGNATURE	(XO)	Melen	10	100	12 MD A	SSISTANT MED	ICAL EXA	MINER	2	b. DATE STO	NED / 1	210
150	EXAMINER'S					W.D.	EPHPY MEDIC	A EXAMI	NER A	0	12	0//	168
	NAME (Type)	Belden	R. Reap	. M. D.	1		BDPLSTS Rep			() Z	Wheat	07	
230.	BURIAL, CREMA	TION. 23b	DATE		OF CEMETERY	OR CREMATORY			LOCATION (C				stole)
	REMOVAL (Spec	ify) 4.	-3-68	Ar	lingto	n Nation	al			gton.		//	-
24.			A Pumph	rey Fune			2So. REC'	D BY REG	CICTDAD	Jack DEAL		NATURE . A	6 .
75	57 Wisc	onsin A	ve. Bet	hesda, Mo	A TIO		DATAPE		1968	fee	10H	Den la	
11/	1 11700		,	La bud 11	W. 4		DWW	. 0		1/		-	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

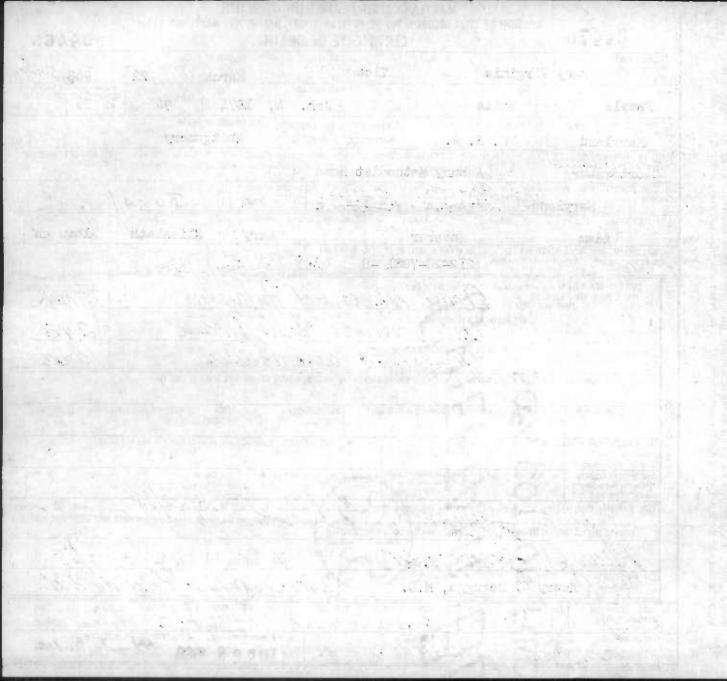
	-	-				 							
(R	T	IF	10	1	F	0)F	DE	Δ	TH	

04476	CERTIFI	CATE OF DEATH	HORL, MARILAND 2		465
1. DECEASED-NAME First (Type or print) Mary Virginia	Middle Tice	Lost e	2a. DATE OF DEATH Month March	22 196	26. HOUR 5:45p
3. SEX 4. RACE White		S. DATE OF BIRTH Jan. 4,	1874 6. AGE (In y	rears IF UNDER 1 YEAR THE PROPERTY OF THE PRO	IF UNDER 24 HRS. HOURS MIN.
10. CITY OR TOWN OF DEATH CHITTHERS SURC Gaurtersburg 11. NA give s	ME OF HOSPITAL OR INSTITUTION (If	DIVORCED 120. USUAL	O. COUNTY OF DEATH Montgomery OCCUPATION (Kind of working life, even if r		M F BUSINESS OR
13a. USUAL RESIDENCE (Where deceased lived, if instituted	psidopto before 13c HY			MBER /	
14. FATHER'S NAME First Middle Adam	Shearer	1s. MOTHER'S MAIDEN NAME Fir	y Elizab		lost au gh
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no_or unknown) (If yes give wor or dates of service)	212-20-7081 -D	METhodist	Home REED	the state of the s	XIMATE INTERVAL
Conditions, if ony, which gave rise to immediate couse (a), (b)	S A-CONSEQUENCE OF	eardial In	Disease	BETWEEN 3	ONSET AND GEATH
stating the underlying couse DUE 10, OR A last. (c)	(Jeneralized	TO THE TERMINAL DISEASE ORCO	CLERCISCO IN PART 1(c	10	ERS.
196. DATE OF OPERATION 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20o. AUTOPSY? YES NO	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONSIDERED IN	CERTIFYING
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M.	Manth Doy Year	HOW INJURY OCCURRED (Enter	nature af injury in Port 1 o	r Part 2, Item 18.)	
While Not while at wark	OFFICE BUILDING, ETC.	LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) atte saw the deceased alive an causes stated abave, (I) (we) (did)	19/18 19 , 01	nd that in (my) (our) opin	ian death occurred ar		it (I) (we) la r and from th
22b. SIGNATURE	uyshu DEC		D. STAFF PHYS.	22c. DATE SIGNED	8
	uggs, M.D.			ethesda 1	rd.
23a. BURIAL, (REMATION, REMOVAL (Specify) 3-25-6 8	23c. NAME OF CEMETERY O	R CREMATORY FPHGRO 2So. R CID-BY	23d. LOCATION (City or To	wn) (County) Howard GISTRAR'S SIGNATURE	(State)
The state of the s	Ellicott Gity,	md DATE TA	9 8 1959	Charles &	udgle

DATE TIAR 9 8

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the <u>Luneral</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours or Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



/		DIVISION OF VITAL RECORDS, 301 W	0 /00 /	N STREET, BALTIMORE	, MARYLAND 21201		
		Item 2 Film C300	FICATE	OF DEATH		35.0	4466
1	1. 1	PLACE OF DEATH			re deceosed lived, if institut		fore admission)
		O. COUNTY ONT GOMERY MAI	RYLAND	O. STATEN ARY	LAND b. COUN		T GOMER
		b. CITY OR TOWN (JE-outside corporate limits, c. LENGTH OF STAY	IN 1b	CITY OR TOWN (If outsid	e corporote limits, write RUF	AL ond give neo	rest town)
		Y write RURAL and give nearest town) HEVY (HASE 5mos. 14	13945	CHELY (A	ASE		
		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	1	d. STREET ADDRESS 7	5 Trent Stre	et	e. IS RESIDENCE
(13	ETHER DA-SILVER SPRING YURSING Y	Home-	8Pbb MALUA	*WILLIAMS	1	ON A FARM? YES NO P
70		NAME OF First Middle		Lost 4	DATE Mont	h D	loy Year
15		DECEASED (Type or print)		10L50V	OF DEATH	ARCH	14 19 68
T	S.		ED IN B	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
-	4	WIDOWED DIVORC	ED 🗍	9-8-79	(ast birthdoy) yrs.	Months Doys	s Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN	
	duri	ing most of working life, even if retired) INDUSTRY INDUSTRY	m.	LANDON	ER MO.	POHNTR	5.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E		
		ARTHUR W. TOLSON		FLL	A SUIT		
	15.	WAS DECEASED EVED IN HE ADMED EDDICES 14 SOCIAL SECURITY NO	17. 18	FORMANT	Addre	iss	
	(18	(If yes give war or dotes of service) 578-62-9288	57	47.5 (HA	HET		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)			1.1		NTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Res	serstores -	Tailure		ONSE! AND DEATH
		450 X DUE TO	00		P , 1	(0111
		Conditions, if ony, which gove) (b)	Vie	monary	Emboles	m	24 hr.
		nise to immediate couse (a), stating the underlying couse DUE TO		1			
		last. (c)					
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO TH	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	1	19. WAS AUTOPSY PERFORMED?
1	CATION	465x Cedvanced Co.	resi	oselevores			YES NO
d	4		OCCURRED. (I	Enter noture of injury in Port	I or Port II of item 1B.)		
	LCERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED		E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	WE	Hour o.m. While Not While ot work at work] 10010	ry, sheer, office blag., etc.)		,	
		21. I certify that (I) (this hospital) attended the deceases	d from	8/2 , 191		, 1968,	that (1) (we) la
			and that	death accurred at	M, fram causes		
		220. SIGNATURE		ATTENDING ME		22b. DATE SI	GNED /
		Jelenk Jogges &	M.D.	PHYS. L DIR	ECTOR L PHYS. L	10/0	-100
1		22. PHYSICIAN'S NAME (Type) FRANK Y. JAGGERS	JR.	5707W	ISCONSIN H	VE Che	evy Chas
	230	DIIDIAL CREMATION 1 235 DATE THEREOF 123, NAME OF CE		DEMATORY I	23d LOCATION (City or To	wn) (four	ntyl (State)

Cedar Hill

5130 Wisconsin Ave NW Washington, DC

Suitland

1968

250. REC'D BY REGISTRAR DATE MAR 2 1

Md •

REGISTRAR'S SIGNATURE

director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon pap Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

3/15/68

Gawler's Sons

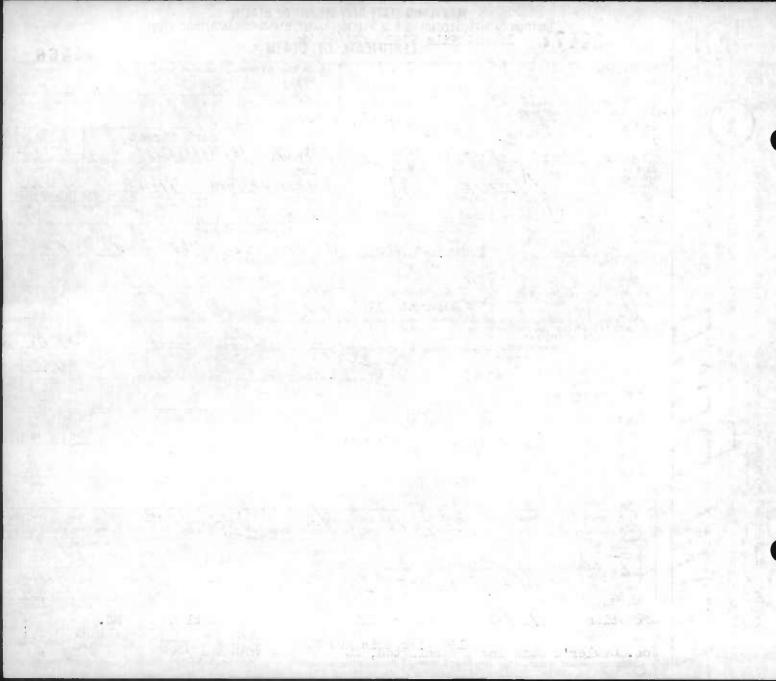
CPENNYAL (STORY)

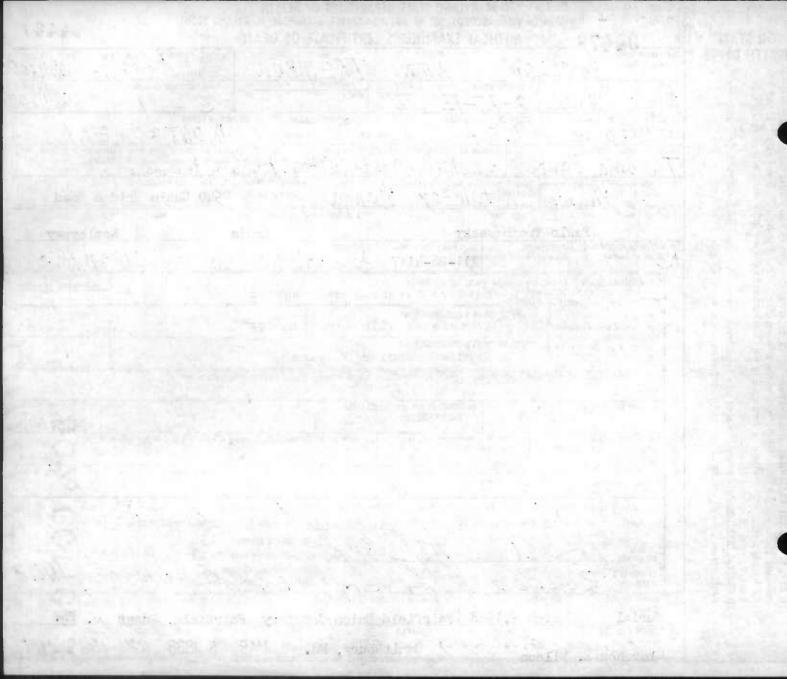
24. FUNERAL DIRECTOR

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after dea

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04468

1968

Elieur Des

CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR Elizabeth (Type or print) March Month 8 Tripp Day 1 968 ar 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years las Shothday) IF UNDER 3 YEAR 3/2/80 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Montgomery WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give steet address) ent during most of warking life, even if retired.) Rockville Road 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 3 NO T Rockville 716 Brent Road 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Middle John Tripp Elizabeth Peters 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AMOSckville, Yes, na, or unknown) 216-32-9111 Herman Hartman--125 S. VanBuren St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ESSENTIA rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTER 105 CLC RASIS ener AL 12 er PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CAUSES OF DEATH? YES 🖂 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (I) (this hospital) attended the deceased fram Therman (I), 1962, to MDRC (H. C., 1968), that (I) (we) lost saw the deceased alive an MDRC (H. C., 1968), and that in (ny) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. 22e ADDRESS Montgomery Ave., Rockville, Md. 22d. PHYSICIAN'S Gordon S. Rosenberger, MJD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Spenify) 3/11/68 Baltimore Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ullrich Funeral Home 4210 Belair Road.

filled physician ond complete ony burial-transit has been O FUNERAL DIRECTOR: After director,

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1 4	It 6	AND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		04480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04469
HEALTH DEPT.		Tues as Dijust	Doy Yeor 2b. HOUR
Poge to		DAVIES PARKER TORNER JE DEATH MATED 3	11 168 4:47
	3. S	light british Months DAYS HOURS MIN. Months Day -	Yeor 10 68 4:47E
PM3.			19 60 4:4%
	cour	ntry)	84.4
State	10. (CITY OR TOWN OF DEATH III. NAME OF HOSPITAL OR INSTITUTION (It not in hospital III.20, USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
0 - 5	Si	lver Spring give street oddress) Holy Cross Hosp. during most of working life, even if retired.) Maint. Superintendant	Contractor
s after d 18. Give olong v with the death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER V	
18. 18. 12. w		dmission) STATE Maryland 13b. COUNT Montgomery Sil. Spr. YES X NO 7 9803 Dallas Av	e
them 18 Office office offer d	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Frank Lavin Turner Helen Mae	Cronise
hin 24 ncil in niner's poges hours	160	TIONE TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOTA	2 Dalewood Dr
certificate should be executed within writing the word "pending" in pencil orwarded to the Chief Medical Examine used os a buriol-tronsit permit. File pognaval, ond in any event within 72 hou		(es, no, or unknown) (flyes give wor or dates of service) (Thys, yes W. W. TT Leslie L. Turner Wheat	ton, Md.
d with person Exam File		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
should be executed ne word "pending" in to the Chief Medical E buriol-tronsit permit. Fin any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PEXAMEN Carbon M noxide Poisoning	BETWEEN ONSET AND DEATH
Med Med The Me		9520 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe hief onsi		Conditions, if ony, which gove rise to immediate couse (a), (b)	
ould vord he Che Che Che Che Che Che Che Che Che		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho we he we to the burice buriced in certain the cert		lost. (c)	
nis certificate should tte, writing the word forwarded to the Cl se used os a buriol-tr remaval, ond in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ward ward sed a	NTION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writificate, writificate, writificate forwar be forwar d be used or remaval	CERTIFICATION	WAS PERFORMED?	YES NO
fico fico I be		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING 1 HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	
INER: The certification is should by files.	MEDICAL	cause of Death 9 P.M. 3 // 1969 Ran car motor in closed garage	
bical EXAMINER: The execute the certificator. Poge 4 should be ned for your files. ECTOR: Poge 3 should the buriol, cremation, or	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town factory, office building, etc.) 32f. LOCATION Street or R.F.D. No.	County Stote
DEPUTY DICAL EXAM cessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page oith prior to burial, crem		ni von Cas ni von	
CAL exe or. P or. P d fo d fo d fo		22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry about death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
pleose direct directions.		CHIEF MEDICAL EXAMINER	
DEPUTY CICY stessory, please e e funeral director may be retained FUNERAL DIRECT		ACTUAL ACCIONANT MEDICAL EVANIMED 226 DATES	IGNED -
Sory Sory Sory Sory De P		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	L.12,1968.
		NAME (Type) ADDRESS(Street, city, town, or county)	
5 = + ~ 5 H	236	REMOVAL (Specify)	(County) Stotel
	24.		IGNATURE .
VR A15ME (5)		(UNERALDIRECTOR DES REGISTRARS S 254 ENERALD MARKSTON 4 1354 EGISTRARS S	markey years
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F. Gasch's Sons Hyattsville, Md.

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24. FUNERAL DIRECTOR

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The Court of the C

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 344 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR Day Year (Type or Print) OF ESTI-1968 JAMES VANCE 3 6AM LEE DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 5 Oyrs. 905 6 8 10 6Au 3/11/18 White Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Goose Greek, Tex. USA WIDOWED DIVORCED Montgomery Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR after deoth Office along with with the S by the russett Rd. Rock. Moduling most of working life from the control of the co Rockville Md. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery Rockville YES NO [5118 Russett Rd.ROck. Item 18. hours l and 2 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle George Vance Sheppard Josephine Examiner's hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) -05-2794 wife Barbara H.5118 Russett Rd. ves o burial-tronsit permit. File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond)(c).) be executed the Chief Medicol PART I, DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OF AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), certificate should the word DUE TO OR AS A CONSEQUENCE OF stating the underlying couse forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing 05 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 5 may be retoined for your files.

O FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAL EXAMINER: cremation CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK Poge 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry and in my apinion director. Natural causes death resulted from: 7Accident / Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL funeral ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE O DEPUT **EXAMINER'S** NAME (Type) BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) CPMETERY OR CREMATORY (County) REMOVAL (Specify) San Diego, California Ft. Rosecrans Mar 29,1968 Carteraddress Silver Spg. 25a. REC'D BY REGISTRAR 1968 VR A15ME [5] Pumphrey, Inc. 8434 Ga. Ave Maryland 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICA	TE OF DEATH
	PLACE OF DEATH o. COUNTY 600	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	1 ont somer MARYLAND	o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	Cherry Chase	d. STREET ADDRESS e 15 RESIDENCE
-	d. NAME OF HOSPITAD OR INSTITUTION (If not in hospital, give street oddress) withesda Silver Spring Nursing Home	Chari Chare Man Ind
	NAME OF First Middle	Lost 4. DATE Month Doy Year
	OECEASED (Type or print) Madison H.	Vary DEATH March 16 1968
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (10 years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	Sept. 11, 1887 78 yrs. 6 5
10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ing most of working life, even if retired)	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? TIME TO STRAIGHT TO STRAIGHT.
12	FATHER'S NAME	UNITED STATE
10.	JOHN J. VARN	HARRIET BISHOP
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT (BRO.IN LAW) AWASH.D.C.20015
(16	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dates of service) 577-46-1378A	MR. HARRY E. MERCIER 3035 BEECH STREE
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c), PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN BONSET AND DEATH
į,	IMMEDIATE CAUSE (o)	failure hours.
	Conditions, if ony, which gove) (b) Chronic Ob	et Polos Deserve Geny.
	rise to immediate cause (a), stating the underlying cause	2 21 2 D = 19
	lost. (c) Pelm myh	ysena & Chr. Binkely
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CATIC	Generalized arters sele	YES NO 🔀
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20f. (City or town) (County) (Stote)
ME	p.m. 19 at work of work	
Н	21. I certify that (I) (this haspital) ottended the deceosed fran	n December 1965, ta 3/6, 1968, that (I) (we) last that death accurred at 228 M, from causes and on the dote stoted obovi
	220. SIGNATURE	22b. DATE SIGNED
	John & Tyneh	M.D. ATTENDING PHYS. DIRECTOR PHYS. D3/16/68
	22c. PHYSICIAN'S NAME (Type) JOHN J. LYNCH, M.D.	1234-19 ST N.W. WASH DC-
230	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) NAR 20/68 PIARKL AW	OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	4. FUNERAL DIRECTOR CANAL CO. Abunda ADDRESS WAS	H.D.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
IA		N.ST. N. WAY MAR 19 1968 Hollandes Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

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2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH ALL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14474 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) OF ESTI- March 23, 168 Walter Nathan Walker 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX 1968 Departm 10/26/11 3P 56 M 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Germantown Montgomery WIDDWED | DIVORCED [U.S.A. in Item 18. Give Pages land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 68 give street address) Holy Cross Hosp. Silver Spring death. 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTMONtgomert 7006 Sycamore Ave. odmission) STATEMarvland Takoma Park YES X NO after 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Unknown Walker Sr. Nathan Walter pages haurs 17. INFORMANT Eva M. Walker Same as Item 13. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil (If yes give war ar dates of service) 225-05-1841 (Yes, no, or unknown) downter Wife File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR ASSA CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), writing the ward This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o). remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, shauld be 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Stote City or Town County foctory, office building, etc.) WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy , may be retained far FUNERAL DIRECTOR: Inspection X and in my apinian Natural causes Accident death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT **EXAMINER'S** Health NAME (Type 50 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE 23d. LOCATION (City or flown) (County) REMOVAL (Specify)
Burial 3-26-68 Lincoln Cemetery | Prince George, County, Md. 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DATE VR ATSME (5)

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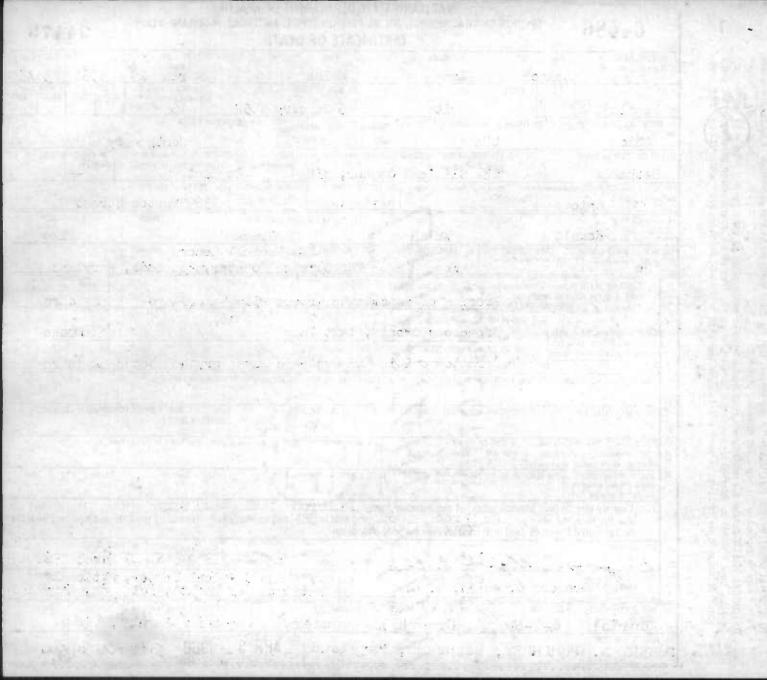
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

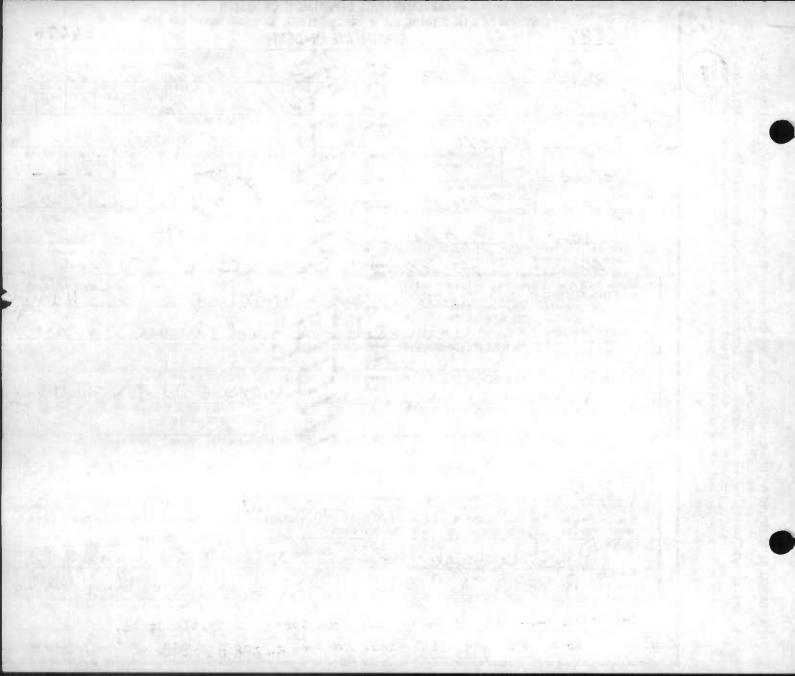
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					CEKIIII	CAIL OI	DEATH						
1. DECEASED-		First		Middle		Lost	100	2a. DATE	OF DEATH	-	-5 (600-	2b. I	HOUR A
(Type or p	nnt) Ka	thleen		Ann		Walsh			March	2909	1968	9:	4.5 M
3. SEX	v 711	4. RACE	PROS			S. DATE OF E	IRTH		6. AGE (In year		IF UNDER 1 YEAR	IF UNDER	
Fema	ale			White		6 Jan	uary 1	952	lost birthdoy	YRS.	ONTHS DAYS	HOURS	MIN.
BIRTHPLA	CE (State or fore	ign 7b. CITIZEN	OF WHAT	COUNTRY?	8. MARRIE	NEVER MA		9. COUNTY	OF DEATH				
country) Oh:	Lo		USA		WIDOWE	_	RCED 🔲		Monte	omer	v		Mo
O. CITY OR	OWN OF DEATH		11. NAME	OF HOSPITAL OR INS	STITUTION (If	not in hospital			ON (Kind of work	dane	12b. KIND OF	BUSINESS	OR
Betl	nesda		The	t oddress) Clinical	Cent	er, NIH	during r	nost of work	ng life, even if ret lent	ired.)	INDUSTRY		
30. USUAL F	ESIDENCE (Where	deceosed lived, if	institution:		13c. CITY C		13d. INSIDE CITY	LIMITS? 13e.	STREET AND NUMB				
odmissian)	Ohic	13b. CO	UNIY		Tall	madge	YES I	NO []	369 Newt	on S	treet		
4. FATHER'S	NAME First	M	iddle	Last		IS. MOTHER'S N	AIDEN NAME	First	Mid	ldle		Last	
	Rons	ld		Walsh	19		Gr	ace			F	ike	
		U.S. ARMED FORCES		. SOCIAL SECURITY I	NO. 17	INFORMANT T	he Med	lical F	Record Add	ress	437.		
res no.	Yes no, or unknown) (If yes give war or dates of service)			None		The Cli	nical	Center	. Bethes	da,	Maryla	nd	
	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)										APPROXI	MATE INTER	
Pi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Erosion of innominate artery with hemorrhage										8 ho	urs	
1/1	60			CONSEQUENCE OF									
	ans, if any, whic	h gave)	Bron	chopneum	onia,	left 1	ung				2 we	eks	
	immediate cau	se (a), (-,	CONSEQUENCE OF		No.							
lost.	and and anything	(10050)	Derma	atomyosi	tis a	nd syst	emic 1	upus e	rythemat	osus	2 ye	ars	
PART 2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
z 7/	710,0												
19a. DA	TE OF OPERATION	19b. CONDITION	FOR WHICH	OPERATION WAS PE	CAUSES OF DEATHS			OINGS COI	CONSIDERED IN CERTIFYING				
RTIFI						YES X	-			Yes			
	CIDENT WAS UN	- 101	TIME OF INJ R A.M. N	URY Nanth Day Year		HOW INJURY O	CURRED (Ent	er noture of i	njury in Port 1 or I	Part 2, Ite	em 1B.)		
(If eith	er, notify medica	l examiner)	P.M.	19	9	E Vinet							
2 I U. II	JURY OCCURRED	21e. PLACE OF I	NJURY (AT I	HOME, FARM, STREET, FAC ICE BUILDING, ETC.	TORY,) 21f.	LOCATION Stre	et or R.F.D. N	lo. (City or Town		County	S	tate
at work	Nat while of work											1	
22a.	certify that	(1) (this haspita	attend	ed the decease	ed_fram_	16 Mar	ch_, 19_	68 , ta_	29 March	_, 196	8, that	M) (M	e) las
S	auses stated	abave, 🕅 (we)	(did) (did	Korn view the	hadv afte	na inai in (A r death	atch (ont) at	oinian aeai	n accurred an i	ne date	e ana naur	ana tro	m in
	NATURE	45410, (4) (110,	(010) (011	271017 1110	bady arro					22c. DA	ATE SIGNED		
2		1 W	Pol	3 min	DE	GREE PHYS.	ING	MED. DIRECTOR	STAFF PHYS.	29 :	March	1968	
22d. Pl	YSKHAN'S			11/10/20	4				cal Cent	er.	Nation	al	
N	AME (Type) Gr	egory 0.	Walsl	h, M. D.	N 1-	Ins	titute	s of H	ealth, B	ethe	sda, M	aryl	and
230. BURIAL	CREMATION,	23b. DATE		23c. NAME OF	CEMETERY O				ATION (City or Town		(County)	(State	
REMOV	AL (Specify)	4-1-68		Crownh			ery	Sum	mit Cou	nty		0	
24. FUNERA				ADDRESS			2Sa. RECD	BY REGISTRAL	25b REGIS				
ROBEF	T A. I	UMPHREY	, Be	thesda	, Mar	yrand	DATE	L 9 -	1200	car	les Ju	42	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon paper should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72.

and 2 deoth.



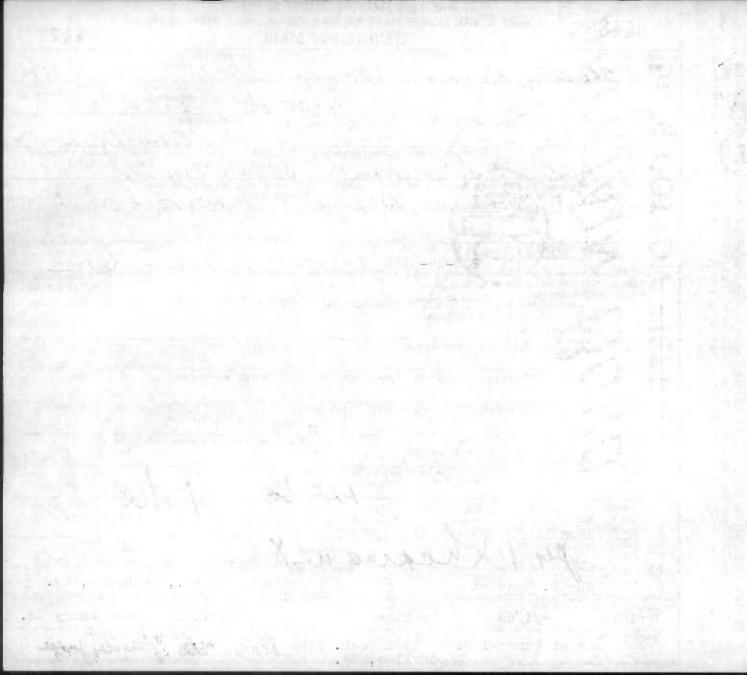


hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

*		CERTIFICATE OF DEATH	
- 2 -	1. D	DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
death and 2 death	((Type or print) Walter Roumand Wind March. 38	Year & ASEM
	3. 9	The state of the s	ER I YEAR IF UNDED 24 HRS.
a se	3. 3	J. DALE OF BIRTH	
A FIER		m W 4-25-65 62 YRS.	
3 3	79	PIRTHPLACE (State or foreign 7b. CITIZEN OF WHAD COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- 5 5 C	197	MORTH CARONIA U.S.CL. WIDOWED DIVORCED Montarmeny	Md.
within 72 hours after within 72 hours after within 72 hours after	10.	CTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (King) of work done 1/6	. KIND OF BUSINESS OR
= 70)		DUSTRY
> ##	130	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
plo co	adn	mission) STATE 1124 COUNTY	0
and campletely remove carbon in any event, with	_		and.
and rem	14.	FATHER'S NAME FIRST MIDDEN NAME First Middle	Last
be din		Omm, Clood Unknown	
ate trician lease and		a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT/ Address	
of plant		Yes, no, arythytawn) (If yes give war or dates of service) 228-24-6250 701/25- Tila Mae - ex	me.
equires that the death certificate be executed physician. signed by the attending physician and cample burial-transit permit. Then please remave cat burial, cremation, ar remaval, and in any even	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
in the contract of the contrac		DADY A DESTIL MASS CALLEED DV	BETWEEN ONSET AND DEATH
attendi permit.		IMMEDIATE (AUSE (a) Bronchopneumonia with abscess formation	
afte de		485 Due to, or as a consequence of	
at is it	1	Canditions, if any, which gave	
that the an. by the ransit cremat		rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
es de la		lost.	
physician. physician. signed by the burial-transit burial, crema		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
g p p		4914	
tending as been as the priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
tend tend as as	3	CAUSES OF DEATH?	ALD III CERIII III C
AN: The old of old	12	YES NO CHOSEN AND CHOS	0.1
AN: al ar icate far u Heal			8.)
	MEDICAL	(If either, natify medical examiner) P.M. 19	
PHYSICIAN the hospital of this certificat detached far e Dept. af He	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at P.F.D. Na. City at Town Caul	nty State
PH he		While at wark at wark at wark	
NG the de		22a certify that (1) (this haspital) effected the deceased from	, that (I) (we) last
A A A A A A A A A A A A A A A A A A A	-	22a. I certify that (I) (this haspital) estended the deceased from 1900, and that in (my) (our) opinion deoth occurred on the date an	d hour ond from the
ATTEN estaine CTOR: shauld ith the		causes stated obove, (1) (we) (did) (and view the body after death.	
be retained be retained birector ge 3 shauled with the		22b. SIGNATURE ALLENDING MED. STAFF 22c. DAT S	IGNED
be red v		DIRECTOR DIRECTOR DIRECTOR	19/68
AL DIE		22d. PHYSICIAN'S NAME(Type) Town R Shapiro 8218 Wisconsin Ave. Betheso	
HOSPITAI ige 4 may FUNERAL rectar, pa		NAME (Type) Jay R. Shapiro 8218 Wisconsin Ave., Betheso	ia, Md.
No de 4	230	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (State)
TO HOSPITAL OR, Page 4 may be re TO FUNERAL DIREC director, page 3 should be filed w	230	Bright Recity) 4/1/68 Parklawn Rockville Montg	gomery Md.
5 - 5 /1/3	24		
VR A15 49 30M REV. 1/68	24	Tyson Wheeler Funeral Home 1331 Rock. Pike Ark 3 1969 Williams	
JUNE 1. 1/00		Rockville, Md. DATE AT N 3 _ 1300	0 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

34478 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month 3 Yeor 68 3. SEX 4. RACE DATE OF BIRTH IE LINDER 1 YEAR IE LINDER 24 HRS 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS 9-21-7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED N DIVORCED | 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working life, even if retired.) 13e. STREET AND NUMBER 204 Monroe Street 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Rockvill 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Lost John B. Brewer Virginia Fletcher Russell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Sister Address 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give war or dates of service) Elizabeth S. Brewer Same as Item APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY?

and completely remave removal, 5 burial, crematian, burial-transit signed l as the priar to l attending O FUNERAL DIRECTOR: After this certificate has been Par detached State shauld

4 haurs after

PHYSICIAN: The law requires that the death certificate be executed

by the hospital ar

be retained

within 72

Car event,

> Zune 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

YES 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY HOME, FARM, STREET, FACTORY, 21f. LOCATION OFFICE BUILDING, ETC.

Stote County

While Not while at work 220. I certify that (I) (this hospital) ottended the deceosed from saw the deceased alive an 19, and that couses stated above, (I) (w) (and) (discovery the body ofter death) toleace 11, 1960, that (1) (we) last and that in (my) (our) opinion deoth occurred on the date and hour and from the

22b. SIGNATURE

24 ODEGREE

ATTENDING PHYS 22e. ADDRESS

Street of R.F.D. No.

MED. DIRECTOR

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION

Burial (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Goshen. Maryland

City or Town

(Stote)

24. FUNERAL DIRECTOR

3-14-68

Goshen Cemeterv PUMPHREY, Bethesda, Maryland

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

director, p

a Philipping Total American with the State of the State o The attention was a second of the property of the country and simple state of the second state of the state of the state of the second state of the state of the second state of the sec ormal and amended the control of the text The state of the s

P. B. Blanchard LCDR, MC, USN

ATTENDING

PHYS.

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR

04479 2b. HOUR MARCH 9 OY 4:30PW IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) 12b. KIND OF BUSINESS OR INDUSTRYISI 2418 LAKE AVE. Middle WINCH BETWEEN DISET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State 22c. DATE SIGNED 10 MAR 68 U. S. Naval Hospital, Bethesda, MD 23d. LOCATION (City or Town) (County) Fort Lincoln Crematory . Colmar Manor Pro Geo Md.

VR A15 (4) 30M REV. 1/68

director, shauld 22b. SIGNATURE

23a. BURIAL, CREMATION, Cremation

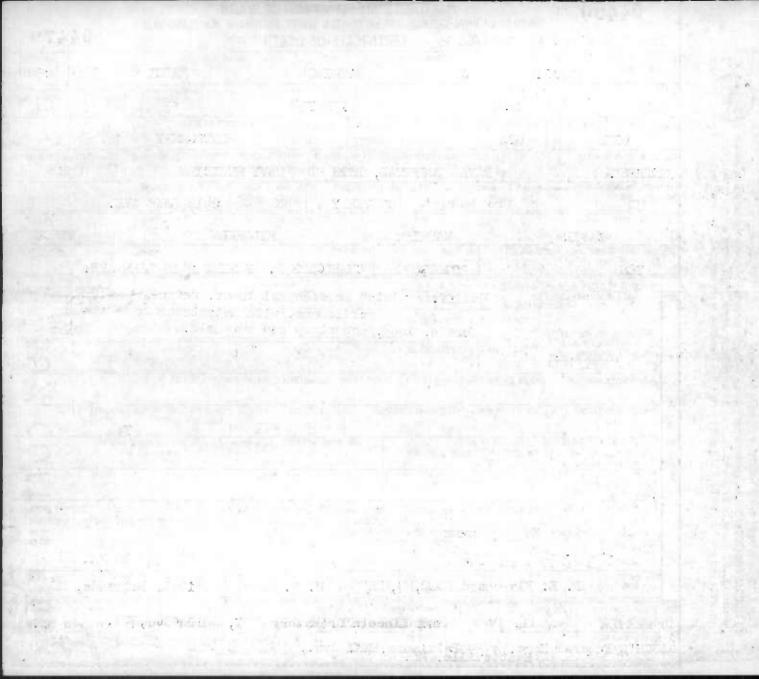
24. FUNERAL DIRECTOR

NAME (Type)

GASCH'S Funeral Home

23b. DATE

Mar 11, 1968



W. P.					165	20
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34481 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN Middle HEALTH DEE 1. DECEASED-NAME First Month Yeor (Type or Print) OF EST1-Poge DEATH MATED AGE (In years 2c. DATE PRONOUNCED DEAD 4. RACE S. DATE OF BIRTH HOURS Yeor PM3 YRS land 2 with the State Depart MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF in Item 18. Give Pages 1, Office olong with form DIVORCED [120. USUAL OCCUPATION (Kind of work done hours after deoth 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) **INDUSTRY** death. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY YES NO odmission) STATE after IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Marion Minor 24 Examiner's hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil This certificate should be executed within (Yes, no, or unknown) Maryland E APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH permit. 4 should be farwarded to the Chief Medicol PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). ony writing the word DUE TO, OR stoting the underlying couse .⊆ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 90 removal nsed 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? YES X NO [please execute the certificate, pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should 0 MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremation, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that fook charge of the remains described above held an Autopsy N and in my apinian Inspection Natural causes death resulted from Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funerol ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessary, DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health **EXAMINER'S** NAME (Type) the 230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY 23d. LOCATION (City or Town) (County) Cemetery Baltimore Maryland DATMAR 2 6 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages 1 and 3 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04499		CERTIFICA	TE OF DEATH		344	82
(ECEASED-NAME First Type or print) Anna			Last 266	2a. DATE OF DEATH Month Do March 8	1968	2b. HOUR
	Gemale	4. RACE Cauc	S.	December 23		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. cop	BIRTHPLACE (State or foreign pty)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	DIVORCED	COUNTY OF DEATH Montgomery		Md
	city or town of death ensington	11. NAME OF HOSPITAL OR IN Legive street oddress)	iardens 1	n hospitol 12a. USUAL during most	OCCUPATION (Kind of work done of of working life, even if retired.)	12b. KIND OF E	BUSINESS OR
13a. adm	USUAL RESIDENCE (Where deceosed nission) STAMaryland	lived, if institution: Residence before 13b. COUNTY ontgomery	13c. CITY OR TO		ITS? 13e. STREET AND NUMBER	100000	
14.	FATHER'S NAME First William	Middle Last Schroe		NOTHER'S MAIDEN NAME FIT	st Middle	Kruege	Lost *
160	Yes, na, ar unknown) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY		Elmer E. We	bb Silver Spr	ing, Mar	yland
	PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c) 8Y: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	sclent	acide Cerebo	T variables Dise	1 m	years
Z	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY? YES □ NO ▶	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, natify medical examine	HOUR A.M. Manth Day Year		INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2,	Item 18.)	
ME	21d. INJURY OCCURRED While Nat while of wark	LACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY,) 21f. LOCA	TION Street or R.F.D. No.	City or Town	County	State
	saw the deceased ali	haspital) attended the decease ve an	19 60, and 1	, 19 & hat in (my) (aur) apin ath.	4, ta 3/9, 19 iian death accurred an the d	ate and haur o	(I) (we) last and fram the
	22b. SIGNATURE	Land Hou	Le DEGREE	11113.		DATE SIGNED	>
	22d. PHYSICIAN'S NAME (Type) RICH		LEU	22e. ADDRESS		KENSU	NGTON
230	BURIAL, CREMATION, 23b. DA	ch 8. 1968 Fort	F CEMETERY OR CE	Crematory	1 .0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 17	(Stote) Md.
10	arner E. Pumphre	C. Glen Cartexports	\$34 Geor Spring.	Md DATE MA	R 1 1 1968 FCC	'S SIGNATURE	negles .

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04483

1		CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR ype or print)
	3. SE	X 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.
	- /	Dec. 5-1885 lost bighdoy) VRS. MONTHS DAYS HOURS MIN
	70. E	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	COUR	
	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital. 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
0	5	IVER SERVING give street oddress) Julian during most of working life, even it retired.) INDUSTRY
		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
5	oamı	issian) STATE Md. 136. COUNTY Rockville YES NO 10401 Grosvenor Pl. Apt920
1	14. F	ATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last
		Hugust Welsh Dorthea Dryer
		WAS DECEASED EVER IN US. ARMED FORCES? (Page or unknown) VII/Hes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address None Non
(1)		APPROVIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a). (b). and (c).) PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a) CIAINS CRITICIST COMME
3		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
		rise to immediate cause (o).
		stating the underlying cause (c)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	N	350 x
1	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	RTIF	AF2 NO
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	MEDICAL	(If either, natify medical exominer) P.M. 19
	-	While Nat while Nat while Verice Building, Etc.
		220. I certify that (I) (this hospital) ottended the deceased fram, 1966, that (I) (see) lost
	Н	saw the deceased glive an
		causes stated obove, (I) (ve) (did nat) view the body ofter deoth.
		226. SIGNATURE ATTENDING MED. STAFF 22c. DAT SIGNED
		DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS
1		NAME (Type) C. H. W. aon ND Sandy Spring, M.
	230.	BURIAL, CREMATION, 23b. DATE P3c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City or Town) (County) (Stote)
		Burial 3/12/68 Prospect Hill Washington D.C.
		FUNERAL DIRECTOR ADDRESS 2SO. REGISTRAR O QSb. REGISTRAR'S SIGNATURE
	P	rancis Gasch's Sons Weattsville, Md.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popess. Peges 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

in by the funeral

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hoors. Page 4 may be retained by the hospital or ottending physician.

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MADVIAND CTATE DEDADTMENT OF HEALTH

		MAKILANI	JIAI	LULIAN	THILL	OI IILALII		
DIVISION	OF VITAL	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
		(FRTIF	ICATE C	DE DEA	TH		

	02200		CERTIFIC	CATE OF DEATH				344	484	
	CEASED-NAME First	Mid	dle	Lost	2o. DATE (2b. HOUR	
(1	ype or print) James	William	Wen	rich	M	arch In	Doy	1968	5:40 M	
3. SE	Χ	4. RACE		S. DATE OF BIRTH		6. AGE (In years		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	Male	White		March 12, 18	382	last birthday)	YRS.	ONTHS DAYS	HOURS MIN	
10. C	shington D C	give street address	WIDOWED ITAL OR INSTITUTION (If r	ot in hospital 120. USU/	AL OCCUPATIO	tgomery ON (Kind of work doing life, even if retir	dane	12b. KIND OF	Md. BUSINESS OR	
13a. odmi	akoma Park USUAL RESIDENCE (Where deceasesion) STATE Maryland	washingto sed lived, if institution: Residen 13b. COUNTY Prince Geors	ce befare 13c. CITY OF	TOWN ISA. INSIDE CITY LI	Baker IMITS? 13e.	STREET AND NUMBE	R	- Street		
	ATHER'S NAME First	Middle	Lost 1	S. MOTHER'S MAIDEN NAME F	irst	Midd	lle		Last	
		We	enrich	Unknown	1		342			
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL war or dates of service)	SECURITY NO. 17.	INFORMANT		Addre	ess			
	no nikilowij	- 579-28	3-8002	Patient's ch	art					
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI	re		MATE INTERVAL NSET AND DEATH						
	Canditians, if any, which gave rise to immediate cause (a),									
	stating the underlying couse		UENCE OF							
	lost. (c)									
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
RTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY? YES NO	CHISES OF DEATHS			ONSIDERED IN CERTIFYING		
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami	TH HOUR A.M. Month D	21c. H oy Year 19	OW INJURY OCCURRED (Ente	r noture of in	jury in Port 1 or Po	ort 2, Ite	m 18.)		
ME	at work ot work	. PLACE OF INJURY (AT HOME, FAR) OFFICE BUILDIN	(ST 19	OCATION Street or R.F.D. No	10.5 W	ty or Town		County	State	
	saw the deceased of	nis haspital) ottended the alive an	19 🐓 况 an	d that in (my) (aur) api	€&, to_ inian death	accurred on the	, 19_0 ne dote	o 8 , that and hour o	(I) (we) last and from the	
	22b. SIGNATURE	Maa	new MEG	ATTENDING D	MED.	STAFF PHYS.	22c. DA	TE SIGNED		
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS						
230.	DEMONIAL CO. If A	/4/68 F	NAME OF CEMETERY OF	ln Cem.	Cod	TION (City or Town) mar Man		(County) Md.	(Stote)	
24.	FUNERAL DIRECTOR Nall Home Inc.	ey's Funeral	ADDRESSMt Ra Marylar	inier 250. REC'D	AR BY REGISTRAR	1968 REGIST		GNATURE	HATEN .	

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after the state of the state Dept. Attended to the state of the s

VR A15 (4) 30M REV. 1/88

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then pleose remove carbon papers, Pages T and 2 should be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter death.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician.

M.

04496

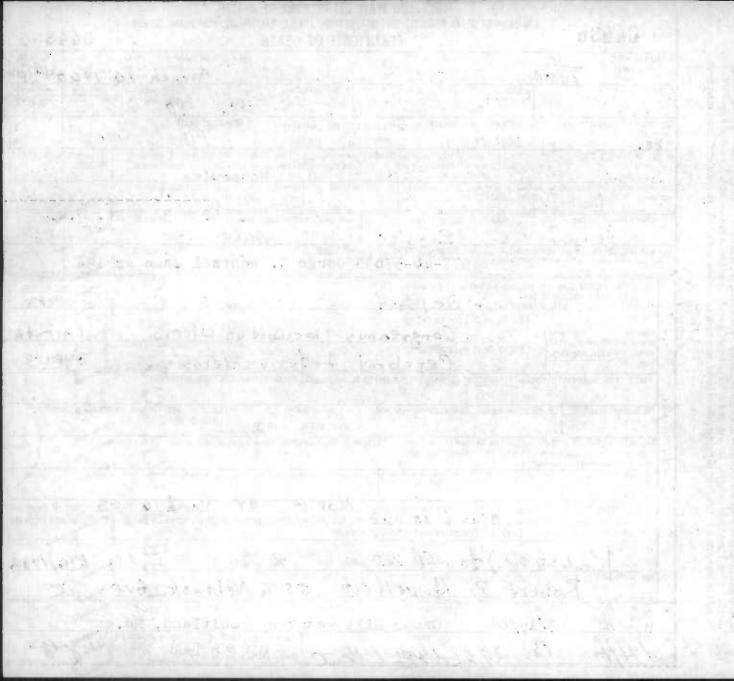
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	FICATE	OF I	PATH	

04485

				L OI DEATH					
	CEASED-NAME First ype or print)	Middle		Last /	2a. DATE OF	DEATH Down	v Year	2b. HOUR	
	/ama	may	h	Jen1zel	_ ~	larch 1	4 196		
3. SE	X	RACE		ATE OF BIRTH	1060	6. AGE (In years last bithday)	MONTHS DAYS	1F UNDER 24 HRS. HOURS MIN.	
70 1	/	TIZEN OF WHAT COUNTRY? 8.		5 July	9. COUNTY OF	YRS.			
caur	ntrv)		WIDOWED WIDOWED	EVER-MARRIED DIVORCED	7. COUNTY OF	1 1	nerv	Md	
_	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT	IITION (If not in	aspital 12a USUA	L OCCUPATION (Kind of work done		F BUSINESS OR	
4	Cilver Spring	give street address) Chev	y Chase	Nurs. during mo	ost of working li		INDUSTRY		
	USUAL RESIDENCE (Where deceased live	d, if institution: Residence before 13	3c. CITY OR TOW	N 13d, INSIDE CITY LIE	MITS? 13e. STR	EET AND NUMBER		1	
aam	ssion) STATE Wash DR 13b	o. COUNTY		YES NO	- /-	ig-products	+ + X	= = fe/= black	
14. 1	ATHER'S NAME First	Middle Last	1S. MO	THER'S MAIDEN NAME F		34 34MM	St. N.	W tost	
	George	E. Ziegle			lice		110	55/22	
	WAS DECEASED EVER IN U.S. ARMED FOR es, na, ar unknown) (If yes give war or date		76 RRGe	mant orge C. W	lentzel	Address	e 120		
			рыс	01 60 0. 11	0110203	. Banc a	-	XIMATE INTERVAL	
	 CAUSE OF DEATH (Enter only one PART 1. DEATH WAS CAUSED BY: 	BETWEEN	ONSET AND DEATH						
	1427 MMEDIATE CAU		5				34	reeks	
	Conditions, if any, which gave)	UE TO, OR AS A CONSEQUENCE OF	ht. max 0	Decubit	-ue ()	leen	1 1	want.	
	rise to immediate cause (a)	UE TO, OR AS A CONSEQUENCE OF	acous	Declion	Q 5 0	[277]		- CCAC M	
	last.	(c) Cereb	ral	trterio:	sclere	15/3	3:	years	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
NO	334 X								
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDIT	ION FOR WHICH OPERATION WAS PERFO	CAUSES OF DEATHS				SS CONSIDERED IN CERTIFYING		
ERTIF	21a. ACCIDENT WAS UNDERLYING 2	THE AT INDIAN	To How II	YES NO NO			(· 181		
	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	ZIC. HOW II	JURY OCCURRED (Enter	nature at injury	in Port I or Port 2,	Item 18.)		
MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE	P.M. 19 OF INJURY (AT HOME, FARM, STREET, FACTOR	Y V 21f LOCATIO	N Street or P.F.D. No.	City	or Town	County	State	
	While Not while at wark	OFFICE BUILDING, ETC.	211. LOCATI	on Sheet of K.I.D. No.	City	JI TOWII	Cooliny	31016	
	22a. I certify that (1) (this has	pital) attended the deceased	from V	OV 6 196	7, to Ma	2×ch/6.19	68 , tha	t (I) (we) last	
	saw the deceased alive a	n March 15 196	and th	at in (my) (aur) api	nian death a	ccurred an the do	ate and haur	and fram the	
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.								
	22b. SIGNATURE 22b. SIGNATURE ACTION DEGREE ATTENDING MED. STAFF DIRECTOR								
	22d. PHYSICIAN'S	4 - 11	. 1	22e. ADDRESS	A A	1113:] / (with	6,1968	
	NAME (Type) Keber	+ B. Haves	11 M.D.	55/6	Nebro	eka Av	e7	<u> </u>	
23a.	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEA			23d. LOCATION	N (City ar Tawn)	(County)	(State)	
	REMOVAL (Specify) 3/19		Hill	Cemetery		Land, Md			
24.	FUNERAL DIRECTOR	ADDRESS	,,,,	2Sa. REC'D B		25b. REGISTRAR'S	SIGNATURE	udgen !	
1	1 Htrues (6,	2001 1401	11/11/	DATE MA	R201	UPO /	1	0	



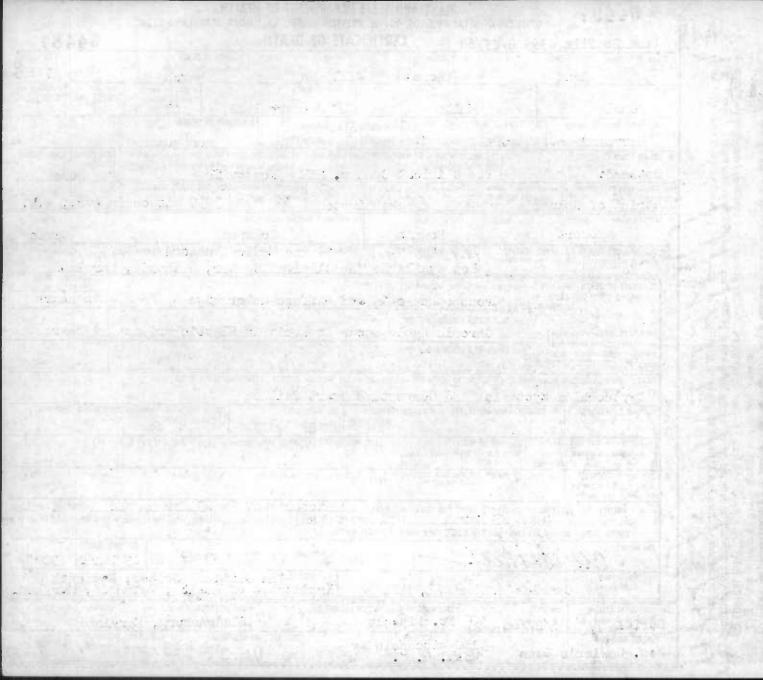
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

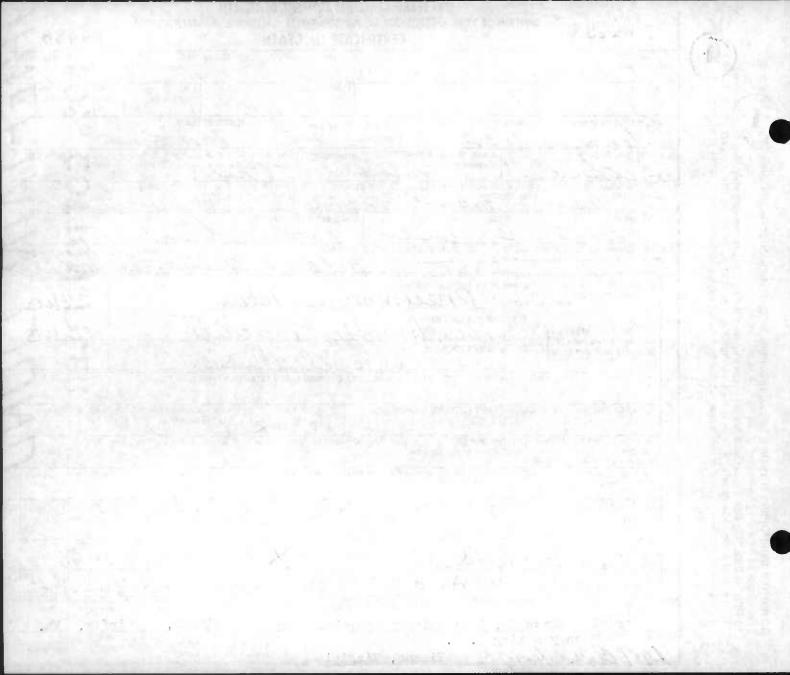
	Item 2b F	ilm G3	99 4/25	/68 kk	CERTIFI	CATE OF	DEATH				044	87
	ECEASED-NAME	First		Middle	-111	Lost		2o. [DATE OF DEATH Month	Day	Vacan	2b. HOURA
-	Type ar print)	Anna		(None)	V	Villiam	S		March	23	1968	11:05
3. S	EX		4. RACE			S. DATE OF I	BIRTH		6. AGE (In y	0013	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female			White		28 Ja	nuary 1	1920	48	YRS.	NONIRS OATS	min.
7a.	BIRTHPLACE (State or	foreign 7	b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MA	RRIED	9. COU	NTY OF DEATH			
100	ntry) Marylan	d	USA		WIDOWED		RCED 🗌		Montgom	erv	- 91	Mo
10.	city or town of DEA Bethesda	TH	11. N gjye	AME OF HOSPITAL OR INS street address) he Clinica	TITUTION (IF	er. NI	120. USU during m H HO1		PATION (Kind af war orking life, even if r If e	k done	12b. KIND OF INDUSTRY Not	
13o.	USUAL RESIDENCE (W	here deceased	lived, if institu	tian: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY L	IMITS?	13e. STREET AND NU		1102	
Di	strict of	Colum	pia county	U	Washi	ngton	YES X N	0 🗆	3030 Wis	consi	n Ave.	, N.W.
		First	Middle	Lost			AAIDEN NAME I	First	1 . V	Aiddle .		Lost
	Rol	bert		Bowman	n		Joh	nann	a			Davis
	. WAS DECEASED EVER			16b. SOCIAL SECURITY N	NO. 17.	INFORMANT	The Med	dica	1 Record	ddress		
	Yes, na, or unknawn)	(IT Yes give war	or dates of service)	Not availa	able I	he Cli	nical (Cent	er. Bethe	sda.	Maryla	nd
	18. CAUSE OF DEAT	H (Enter anly	one couse per l	ine far (a), (b), and (c).							APPROXIA	NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia and Diffuse Hemorrhage										12 H	
DUE TO, OR AS A CONSEQUENCE OF												
	Canditians, if any, w		4. C	hronic Mye	logeno	us Leu	kemia i	in B	lastic cr	isis	1 Yes	ar
	rise to immediate		1	AS A CONSEQUENCE OF			-					
	lost. 20 4/ (c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
2	Dystrophica Myotonia and Congestive Heart failure											
CERTIFICATION				HICH OPERATION WAS PE		20a. AUT YES 🔀	OPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CAL CERI	210. ACCIDENT WAS	CAUSE OF OEATH		Manth Day Year				er nature	of injury in Port 1 o	r Port 2, Ite	em 18.)	38.70
AED ((If either, natify me					OCATION C	A = DED N		6'h T-		Court	State
<	21d. INJURY OCCUR While Not while of work of work			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					City ar Tawn		Caunty	
	22a. I certify th	nat XI) (this	haspital) att	ended the decease March	ed fram	6 Octo	ber, 196	57_,	to 23 Marc	h_, 196	8, that	(X (we) las
1	causes stat	eceased alived	ve an <u>23</u> (1) (we) (did)	March (March) view the	9 <u>68</u> , ar bady after	id that in ∤ī death.	āў) (aur) ap	inian d	leath accurred ar			and fram the
1	ATTENDING — MED — STAFF —							March				
	22d. PHYSICIAN'S NAME (Type)	Char	les M.	Haskell, M	D	22e. AD Ins	DRESS The titutes	Cli s of	nical Cen Health,	ter, Bethe	Nationa sda, Ma	al aryland
	. BURIAL, CREMATION,	23b. DA	TE	23c. NAME OF	CEMETERY OF	CREMATORY		23d.	LOCATION (City or To	wn)	(County)	(Stote)
	BREMOVAL (Specify)	3/2	7/68	Ft. Lin					adensburg.		yland	
	FUNERAL DIRECTOR			130 Wiscor	A mira		2Sa. REC'D E	BY REGIS	TRAR 2Sb. RE	CISTPAP'S S	IGNATILEE C	udale
	Jos. Gawle	er's Sc	ns	Wash.	ern A	V	DATE	RAN		I The	esvies	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages T and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs fafter death. Page 4 may be retained by the haspital ar attending physician.

VR A S A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04498 04488 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR hours after death. (Type or print) funeral Month Year 100m after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Pages last birthday) MONTHS DAYS HOURS 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) papers. WIDOWED [DIVORCED [low requires that the deoth certificate be executed within 24 physicion and completely filled within / 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress during most of warking life, even if retired.) remove carbon INDUSTRY event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NOF in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last andi 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) ___ (If yes give war or dates of service) or removol, the ottending phy sit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, Canditians, if any, which gave) buriol-tronsit rise ta immediate cause (a). signed by DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending prior to the hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS 20a. AUTOPSY? CAUSES OF DEATH? for use FHealth p YES T this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the hospitol OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. should be detoched (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County Stote While Not while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram. 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. be retoined causes stated abave (1) (we)(did) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) March 23, 1968 Calvary Memorial Park Fairfax. Fairfax Va. Money & King F. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 sulcorgen Vienna, Virginia



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

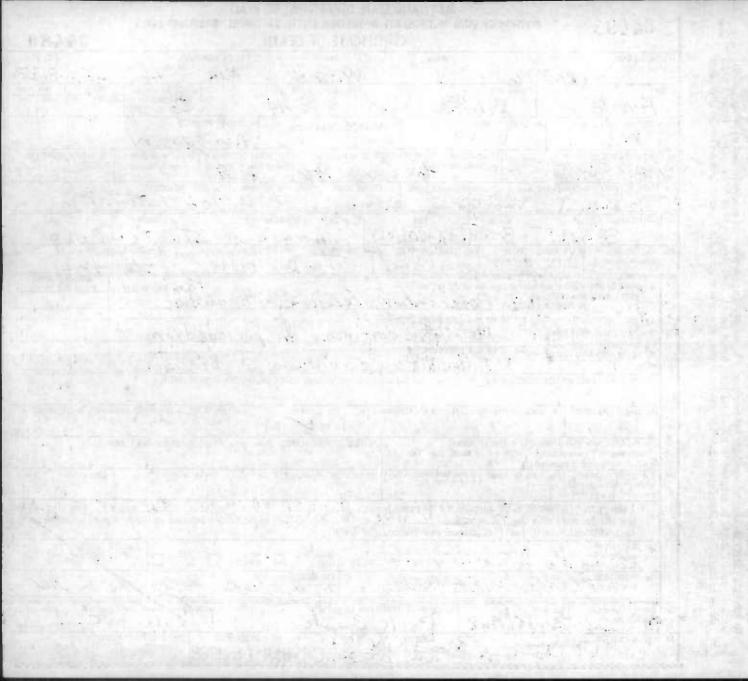
CERTIFICATE OF DEATH

04489

	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR									
	(Type or print) Cornelia J. Wilson Mar. Month 14 Day 12	Yeor & RI30PM									
3. 5		OER I YEAR IF UNDER 24 HRS.									
3. 3	lack-hirthday wourt										
-	tenale White 9/6/14 33 YRS.										
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
100	D.C. VIJA WIDOWED DIVORCED Nontannery	Md.									
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Mind of work done 12)	b. KIND OF BUSINESS OR									
15	give street address) Hack Caree Hack during most of working life, even if retired.) IN	DUSTRY									
130	D. USUAL RESIDENCE (Where defeased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER										
	mission) STATE 12h COUNTY	D									
-		100									
14.	FATHER'S NAME First Middle Last NS. MOTHER'S MAIDEN NAME First Middle	Last									
	ERNES B TRANGLEY ANNIE A STOUTEN	BURGL									
	a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. / 17. INFORMANT Address	7.0									
	Yes, no, or unknown) (If yes give war or dates of service)	120.									
	10 CANCE OF DEATH (Sater only one cours one line for (a) (b) and (c))	APPROXIMATE INTERVAL									
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Onade Between onset and Death Tom po nade Between onset and Death										
	IMMEDIATE CAUSE (0) Percardial effusion with cardiac										
100	DUE TO, OR AS A CONSEQUENCE OF										
1	(onditions, if ony, which gave) (b) Metastatic carcinoma in pericardium.										
18	rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF.										
	(a) Inflammatory carcinoma of breast,										
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	17AV										
NO	A CONTRACTOR OF THE PROPERTY O	EDED IN CEDALEMING									
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDI	ERED IN CERTIFYING									
RTIF	YES NO NO CAUSES OF DEATHY										
		8.)									
MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19										
ME		unty Stote									
13	Tital Tital William										
Г		that (I) food last									
	saw the deceased olive on Mark 14 19 67, and that in (my) (our) apinian death occurred on the date and hour and fram the couses stated above, (I) (we) (did) (did not) view the body ofter death.										
П	22b. SIGNATURE 22c. DATE S	CICNED									
	ATTENDING - MED - CTAFE - 2	4-68									
	This.	7 0-									
	22d. PHYSICIAN'S BERNARD A. F. TZGERGLD 22e. ADDRESS 27 UNIV. BLUDE. S-LVER SPRE	wa md									
L.	MININIO MINICIPALITY 4 JUNIO NEON & S.LER SPRE	100									
230	BURIAL/CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	unty) (Stote)									
	Burrell 3/18/1968 Bock Creek										
24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	ATURE									
	Lik altornel 5603 1 2000 parage 18 1968 Collegeles										

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely titled in by the timeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04500 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2n DATE OF DEATH (Type or print) Month G Harold IF UNGER 1 YEAR 4 RACE 6. AGE (In years lost birthdoy) Male 6-8-0 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [7 DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) INDUSTRYDEPT.
Motor Preture prod manager INDUSTRY DEPT. ALRIC 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY NOF

3. SEX 7o. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 130. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 13c CITY OR TOWN 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Wingo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes pa, ar unknawn) (If yes give war or dates of service) 499-07-008 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Day (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from. Low, 1960, to 9 many, 1968, that (1) (wo) last 7 March 1968, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did and) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS PHYS

22d. PHYSICIAN'S 22e. ADDRESS

Merton L. White 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION REMOVAL (Specify)

NAME (Type)

(State)

State

2b. HOUR

IF UNGER 24 HRS

APPROXIMATE INTERVAL

BETWEEN ONSET AND CEATI

County

2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Carter en. 1968 umphrey. DATE

VR A15 (4) 30M REV. 1/68

director, page shauld be filed

law requires that the death certificate be executed within 24 haurs after

papers.

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signed by

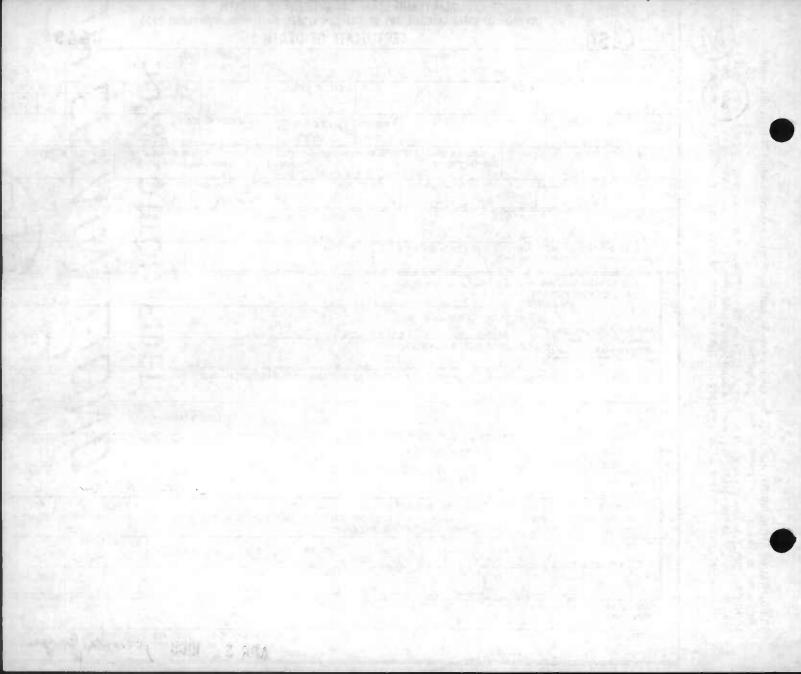
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been

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7 11	It 3	ems 18, 21, 22 film MARYLAND STATE DEPARTMENT OF HEALTH 99 4-11-6 Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	/	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04491
HEALTH DEPT	T.	DECEASED NAME AKA) First Thin Middle Fong Lost Yee 20. DATE KNOWN Month (Type or Print)	
ay is 3 to Page		TANNIE (NMN) YEE DEATH MATED MAR	
delay and 3 3. Par	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years least birthday) MONTHS DAYS HOURS MIN. Month Month	Yeor 2d. HOUR
Pm3.		SIRTHPLACE (Stote or foreign 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	196F13 7.M
See See		intry) A / /	
Pages with ar	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	1/2b. KIND OF BUSINESS OR
them 18. Give Pages Office along with a land 2 with the State		Silver Spring give street oddress) Jan Hathaway Dr. during most of working life, even if retired.)	INDUSTRY Home
Give I Give I and w and w	13	b. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	2
ce alange death.	3	odmission) STATE MARYLAND 13h. COUNTY GOMERY Silver Spring YES NO 13017 HAY	hAWAY DR
haurs Item 1 Office 1 and 2	1 /	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
r's r's		George Yee ChoyoIENG	HOM
within 24 pencil in caminer's le pages 72 haurs	5	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes find or unknown) (If yes give war or dates at service) 215-26-0049 M.E. Henry Yee - husb Same	20 # 12
Exal			APPROXIMATE INTERVAL
should be executed word "pending" in the Chief Medical E urial-transit permit. F in any event within		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxiation due to Aspiration of	BETWEEN ONSET AND DEATH
e execu pending of Medic sit perm	4		
be excluded in the formal point properties in the formal properties in		Conditions, if ony, which gove (b) Conditions (for ony, which gove (b) (b)	
ward ward the Ch rial-tro	2	rise to immediate couse (o), (DUE TO, OR AS A CONSEQUENCE OF	
sho he w ta th buric d in c	Q	lost. (c)	
	N N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
certificate , writing th forwarded t used as a	ATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0 5 DE/	CERTIFICATION	WAS PERFORMED?	YES NO T
4 6 6 6 7			
- T	13	PRIMARY OR CONTRIBUTING HOURAM. 4:00 PAMAX 3-4 19 68 Deceased vomited and aspirate	
	MED		County Stote
XAM te th te th yaur yaur sage		while NOT WHILE AT WORK AT WORK AT WORK AT WORK Silver Spring	Mont Md
ICAL E executar. Page of far CTOR: F burial,		22a. I certify that I taak charge of the remoins described above, held an Autops Inspection Inquiry	and in my apinian
ctar.		death resulted fram: Natural causes Accident X Suicide , Hamicide , Undetermined manner	
dire dire price of the price of		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL C	CIONED
ny, Feral be r		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER CO. DATE	SIGNED
o DEPUTY necessary, the funeral 5 may be n 5 Funeral Health prin		NAME (Type) 36406NX, REAP (4) ADDRESS (The picture) 44	11968
necessory, please the funeral direct 5 may be retained TO FUNERAL DIRECT Health prior to b		IO. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMEURY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	1	Burial March 7,1968 Ft. Libcoln Cem. Colmar Manor,	, ,,
(A)	2	4. FUNERAL DIRECTOR ADDRESS 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV. 1/68	L	ee Funeral Home 300 4th St.NE Wash., DC DATE MAR 8 1968 9Clic	mes Judges

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04492 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Paperal dyd burial, crematian, ar remaval, and in any event, within 72 hauss after rea 6. AGE (In years last birthday) 3. SEX 5 DATE OF BIRTH IF UNOER 1 YEAR IF UNOER 24 HRS. HOURS 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED J-gomes 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR **INDUSTRY** give street address) during mast af warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOW 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY/ admission) STATE YES X 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address. Yes, na ar unknown) (If yes give war or dates of service) ONR 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath priar tak O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO X ad far use af Health YES 🗀 Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) should be detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC. While Nat while at wark NON-8 22a. I certify that (1) (this haspital) attended the deceased fram, 3 -30-08, 1965, to saw the deceased alive on 3 - 30 _19_68, and that in (my) (aur) apinion death occurred an the date and have and from the director, page 3 should should be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION, NAME OF CEMETERY OR CREMATORY 23b. DATE (County) REMOVAL (Specify) 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 1968 Charles 30M REV. 1/68 81-0741

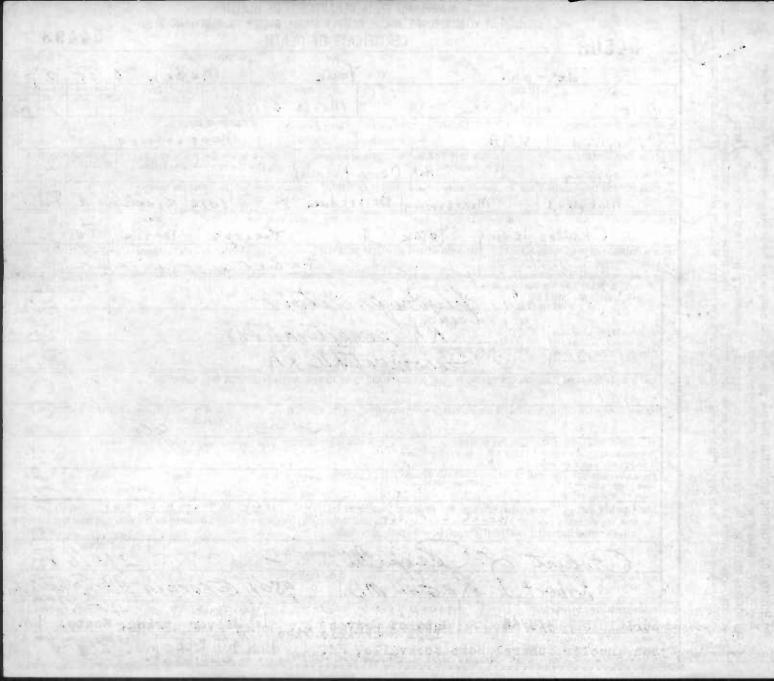


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

34493 DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR 4 hours after death. death funeral s 1 and (Type or print) Month March OPK Joseph 68 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. hours after 6. AGE (In years by the fu HOURS Male White March 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED en please remave carban papers. Mont Gomers USA WIDOWED [DIVORCED [within 72 physician and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) **INDUSTRY** event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY MONTGOMEN law requires that the death certificate be executed Bethesdas 1012 Kingstor and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Last (RVING ORK Marie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) or removal, CS. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSTRUENCE Conditions, if any, which gave) burial-transit rise ta immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT⊮RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101 attending | this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO [be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY or Port 2, Item 18.) 21c HOW INJURY OCCURRED (Enter noture of injury in Popt) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. City or Town County Stote While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from march saw the deceased alive an march 6 196 F, and that it 1968, to march 6, 1968, that (1) (we) last shauld be 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR directar, page should be filed PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Tawn) REMOVAL (Specify) 3/8/68 Gate of Heaven Silver pring. Montg 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home Rockville. Md.

VR A15 [4]



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CERTIF

PRESION SIREEL, DALIIMORE, MARILAND ZIZUI	0449
ICATE OF DEATH	0333

	ECEASED-NAME	First		Middle	1000	Lost		2o. DATE OF	DEATH			2b. HQUB
		Herman		9.		your	9	Mar	ch Month	Day	1968	8 Sie M
3. SE	X	4.	RACE			S. DATE OF BIE	RTH		6. AGE (In ye	eors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White		-4-3	May :	21, 190	0	last birthdo	YRS.	MONTHS DAYS	HOURS MIN
7o. l	BIRTHPLACE (State or	foreign 7b. C	ITIZEN OF WHAT CO	UNTRY? 8	· MARRIED 1	NEVER MARI	PIED 9.	COUNTY OF	DEATH			
1990	oint Mario	n. Pa.	U. S. A		WIDOWED [Montg	omery			Md.
10. 0	CITY OR TOWN OF DEA	TH	11. NAME OF give street or	HOSPITAL OR INSTIT	TUTION (If n	at in haspital			(Kind of wor		12b. KIND OF I	BUSINESS OR
	ilver Spr			Holy	Cross		Shoe	sales	man		WELDe	pt. sto
	USUAL RESIDENCE (W	here deceosed live	ed, if institution: Re b. COUNTY	sidence before 1	3c. CITY OR	TOWN	13d. INSIDE CITY LIMI		REET AND NUM	ABER		
duiti	1331011) STATE Mar	yland "	Mont	gomery	Sil.	Spring	YES NO	24	09 Mus	GROU	e Road	
14. 1	FATHER'S NAME	irst	Middle	Last	15	MDTHER'S MA	IDEN NAME Firs	st	M	liddle		Lost
		ξ.	.3	Young			Mam	ie				louna
	WAS DECEASED EVER	IN U.S. ARMED FO		OCIAL SECURITY NO.	. 17. 1	NFORMANT					isgrove	Rd.
	res, no, or unknown)	fit hes dive wat of add		-28-5887	ab 8	Lizabe	th Baux	Uouna	Sil	lver	Spring.	Md.
	18. CAUSE OF DEAT	H (Enter anly one	couse per line for	(b), ond (s).)	1 1	1/	0					NATE INTERVAL
	PART I. DEATH	WAS CAUSED BY:	//	DONE AND	11 6	semiry ho	142.				DETWEEN OF	SET HILD DEATH
	43/ OIMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 1											
	Conditions, if any, w		K	2/./	HSZUE	(x N	1549.				346.96	
	rise to immediate	cause (a),	OUE TO, OR AS A CO		2	121	/					
	stating the underly	ing couse	(c) (d)	In Era live	ed_	MAXY.	10 schir.	0513				
	PART 2. OTHER SIGN	IFICANT CONDITION	NS CONTRIBUTING TO	D DEATH BUT NOT	REMATED TO	THE TERMINAL	DISEASE OR CO	NDITIDN GIVE	N IN PART 1(o))		
z	Nuclenal Alena tren - Lout Untintie											
ATIO	19a. DATE OF OPERATE	ERATION WAS PERFO	DRMED	20a. AUTO	PSY?			NDINGS CO	ONSIDERED IN CE	RTIFYING		
CERTIFICATION						YES 🗆	NO 🗌	CAUSES	OF DEATH?			
	21a. ACCIDENT WAS		21b. TIME OF INJUR		21c. HC	W INJURY OCC	URRED (Enter r	noture of injur	ry in Port 1 or	Port 2, I	tern 18.)	THURST
MEDICAL	OR CONTRIBUTING [HOUR A.M. Mon P.M.	th Doy Yeor								
ME	21d INJURY OCCURE	PED 21e PLACE	OF INJURY (AT HOM		RY.) 21f. LO	CATION Street	t or R.F.D. No.	City	or Town		County	State
	While Not while		Corne	boilbino, Erc.		9/01/	7		- 1-0	/		
	22a. I certify th	at (I) (this ha	spital) attendéd	the deceased	from	11/6	2 , 19_	, ta_=	1/2//	, 19_	60, that	(I) (we) last
-	saw the deteased alive an 2/2/1962, and that in (my) (aur) apinian death accurred an the date and haur and from the											
	causes stated above, (1), (we) (did) (did nat) view the bady after death.											
	22b. SIGNATURE	Tomas 1	Quillill!	140.	DECD	ATTENDIN	G MEI	D	STAFF	22c. [ATE SIGNED	18.
	DEGREE PHYS. DIRECTOR PHYS. 3/5/68 22d. PHYSICIAN'S 22e. ADDRESS											
	NAME (Type)	Thom	AS F	YUIN	INM	0	17061	VEN. A.	amp81	PIVE	AUE. M	and med
23a.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF CE	METERY OR	CREMATORY		23d. LOCATIO	N City or Tov	vn)	(Caunty)	(State)
1	REMOVAL (Specify)	Marc	h 8. 1968	Mt. O.	livet	Cemete	ru	Washi	raton.	D. (7	-
26	PONERAL DIRECTOR			1434DDRESS			2Sa. REC'D BY	REGISTRAR	2Sb. REG	SISTRAR'S	SIGNATURE	AR.
W	arner E. T	Jumphrey		ilner Si		Md.	DATMAR	8 19	68 /	May	and have	7

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 flours offer deat VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospitol or ottending physicion.

素店方も「 And the state of t The Control of the Co and the same and the same at some its second at the same of the sam The second of th 2, and 3 ta Page to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department Z necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1. The funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

•	TIME RECOR	00,001	*** * 1 1/20	TOIT STITLET,	PARITIMO	erl merer
	MEDICAL	EXAM	INER'S	CERTIFICA	ATE OF	DEATH

04495

		TECEASED-NAME Control of First Model 20. DATE KNOWN Month Day	Yeor 2b. HOUR									
	(1	(Type or Print) Chris (Inthony LANISON) DEATH MATER 3 19	1968 P.M									
	3. SE		2d. HOUR									
	0-	lost birthday) Months DAYS HOURS MIN. Month t Day	Yeor a roay									
	m		1961 11.1 M									
		7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
-	LIVI	With Virginia 10.3.2 WILLOWED WINDOWED 1/18 of from lay Md.										
	10. C	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work and 12b. KIND OF BUSINESS OR										
0		Rockville. give street address) on grounds of during most of working life, even if retired.) INDUSTRY N/A										
G,	13a.	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1352 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER										
5	00	odnission) STATE 13by COUNTY Company Dethes da YES X NO 1 8416 West Mont Terrace										
/	14. F	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost										
		anthony TONY INVISOR MARIE - CORSAHELES										
		60. WAS DECEASED EVER IN U.S. ARMED SORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS										
	(Y	(Yes, no, or unknown) (If yes give wor or dates of service) PENNY ZANISON-WIFE-SAME AS #13										
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATN									
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Loute Coronary thrombosis, left coronary artery	anddan									
П		4/0,9 DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which gove) (b) Coronary arterioselerosis severe	vears									
		rise to infinediate coase (a),	Jearl 9									
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
		CALLED SCANFIGANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT DELATED TO THE TERMINAL DISCLET OR CONDITION OF THE TERMINAL DISCLET.										
-		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?									
	CERTIFICATION	WAS PERFORMED?										
/	RTIF		YES NO									
		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	8.)									
	MEDICAL	CAUSE OF DEATH P.M. 19										
H	ME		ounty Stote									
		WHILE NOT WHILE factory, office building, etc.)										
5		220. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 🔼 Inquiry 💢,	ond in my opinion									
7		death resulted from: Natural causes X, Accident , Suicide , Hamicide Undetermined manner	ond in my opinion									
3		CHIEF MEDICAL EXAMINER										
Н		ACTUAL () A PS - LL 20	IFD.									
3		SIGNALURE ALEXANDER STATEMENT STATEM	20110.									
2		NAME (Type) SOHN G. BALL ADDRESS(Street, city, town, or county)	~ ~ 1,01									
	23 g		(State)									
		3 BURIAL (REMATION, 23b. DATE 3-23-1968 Parklawn Cemetery 23d. LOCATION (City or Town) Rockville Mon										
1		FUNERAL DIRECTOR 25b. REGISTRAR'S SIGN	ATIIDE									
)		5/30 USGENSIN TOE; NW	Quedalla :									
9	20	OS. GAWLER'S SUNS, WASHINGTON, D.C. 20016 MAR 2 6 1968 Charles										

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5 may be retained far yaur files.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		X	04506	ltem 2	CERTIFI	CATE	DEATH			14496
by the funeral Pages 1 and 2 nours after death.	>		RLACE OF DEATH	FLORES S				nere deceased lived, if ins		e befare admission)
1 o	7	1	Montgomer	1	MARYL		STATE Wash	ington	D.C	
ges offi		7	b. CITY OR TOWN (If outside corpara	t# limits,	c. LENGTH OF STAY IN	l lb c. C		ide corporate limits, write	RURAL ond give	nearest tawn)
Page	-		write RURAL and give nearest to	m)	100000					11
in b rs. 2 ho			d. NAME OF HOSPITAL OR INSTITUTION		I, give street address)	d. S	TREET ADDRESS 28	303 38th St.	NW	e. IS RESIDENCE
filled in papel thin 72	90		Bethesda-Sili		11 /1		BNODINO	WEEL NYVXX/	188	ON A FARM?
ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after			NAME OF	First	Middle	omell	last	4. DATE	Manth	Day Year
rban,	- 5		DECEASED		***************************************	>	ziger		larch	23 1968
cal		S.		ACE 7. MARRIE	D NEVER MARRIED		E OF BIRTH	, 9 AGF (In year	s IF UNDER 1	YEAR IF UNDER 24 HRS.
ove y e\			Male White	WIDOWE	43		18	14 last birthda	() Manths	Days Haurs Min.
nd	36.	100	USUAL OCCUPATION (Give kind of wo		KIND OF BUSINESS OR		DIDTUDI ACE (County 8	State, or fareign country)	2.	ZEN OF WHAT
se dir			nd most of working life, even if retired)	INDUSTRY	1	0		con	NTRY?
sicio olea an		1/3	FATHER'S NAME	nem!		1 14	MOTHER'S MAIDEN NA			U.S. A.
ohy val		15.	TATILES NAME	2. 10.0		14.	1	,		FINAL COM
The		10	WAS DECEASED EVER IN U.S. ARMED F	Jun 1	/ COCIAL SECURITY NO	17. INFOR	unde		ddress	ATT 3 CONT. 1
ndir iit.			s, no, arunknawn) (If yes give war a		6. SOCIAL SECURITY NO.					A STATE OF THE STA
erm erm			No		181-20-8626	Aleon	12. Leiger	- 1819-14	St-N.	
by the attending physician and campletely fi transit permit. Then please remove carban crematian, or remaval, and in any event, with			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I			1/20	- 1	1 1/100	4	ONSET AND DEATH
by trans		19	IMMEDIATE	CAUSE (a)	- eteloral	1000	illar)	feciden	1	MINUTES
signed by the burial-transit burial, cremat	-		4567	DUE TO A	daring 1	. L.	11	· (a) D.		· Maria
signed burial-t burial,	To Date		Conditions, if ony, which gove rise to immediate cause (a),	. ,	rteriosc 1-	trollc	Vasc	aur VIS	tas-e_	years
e b			stating the underlying cause (DUE TO						
0 2.0	7		last.	(c)						
e a	40	N	PART II. OTHER SIGNIFICANT CONDI)	19. WAS AUTOPSY PERFORMED?
far use Health	and.	CERTIFICATION	33/X Orov		thic '		inoma			YES NO
fica far f He	N	ZIF	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter	nature of injury in Po	art I ar Part II af item 18	.)	
ertined t. a	4		(IF EITHER, NOTIFY MEDICAL EXAMINE	R)			2450	- F. W. C.		
this certificate has letached far use a: Dept. af Health pr	acc	MEDICAL	20c. TIME OF INJURY Manth, Day, Haur a.m.				INJURY (Hame, farm,	20f. (City or town	n) (Caur	nty) (State)
	0	ME	p.m.	19 Wh	ile Nat While ot work	raciary, sii	eet, office bldg., etc.)			
Afte be Sto	J		21. I certify that (I) (th	is hospital) att	ended the deceased f	ram	19 ,19	68, to 31	23, 1968	, that (I) (we) last
the the			saw the deceased alive		24 1966,0	nd that deo	th occurred at £	M, from caus	es and on the	e dote stated above.
Dest.			22a. SIGNATURE		101.1	A	TTENDING N	MED. STAFF	_ /	TE SIGNED
e 3	(d. 10		J. Lec	enard	200	M.D. P	HYS. D	AED. STAFF PHYS.	D 3/2	23/60
file file	1		22c. PHYSICIAN'S	/	LA MA		22d. ADDRESS 9	1111	7 /	
ERA J. F			NAME (Type) G. Les	mard Go	LD LIN		980114	A, Have. 55	, md.	
5 FUNERAL DIRECTOR: After this certif director, page 3 shauld be detached should be filed with the State Dept. at		230	DESCRIPTION OF A	ATE THEREOF	23c. NAME OF CEMET			23d. LOCATION (City of	r Tawn) (Caunty) (State)
TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the Stat			REMOVAL (Specify) 3/	25/68	King DAV	in inte	in Garden	FALLS Ch	urch V	
		-	FUNERAL DIRECTOR	, 3	sel 140 ST	V.W	2Sa. RECD	BY REGISTRAR 10 25	. REGISTRAR'S SIG	SNATURE
R A15 (4) 5M 1/67		11	Remard DAKIZALER.	1 Just	ALL RI		DATE IVA	411 & U 1900	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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